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ABSTRACT

The manual is intended to present professionally defensible and generally agreed on criteria for the identification of students with behavior disorders in Iowa. Six major topic areas are examined in separate chapters: (1) overview of behavioral disorders in Iowa (historical background, assumptions underlying definition, desired use of definition by professionals in Iowa); (2) characteristics of behaviorally disordered youth (the Iowa definition, programmatic considerations, cautionary notes); (3) decision making: eligibility and programming options (legal mandates, student needs, steps in quality decision making); (4) setting analysis (theoretical framework, procedural overview, and specific assessment procedures); (5) pupil behavioral data (formal systematic observations, behavioral rating scales, parental perceptions); and (6) individual trait data (assessment methods, projective techniques, self report measures). Each chapter includes a list of references; some chapters also include appendices. (CL)

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THE IOWA ASSESSMENT MODEL IN BEHAVIORAL DISORDERS:

A TRAINING MANUAL

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INTRODUCTION

This publication is the result of many hours of work by special education professionals in Iowa. Throughout the process of its development the editors have experienced a continuing appreciation of the professional competence demonstrated by the authors of this volume.

The primary goal of this publication is to present professionally defensible and generally agreed on criteria for the identification of students with behavioral disorders. In preparing this publication, several assumptions were followed. These included:

(1) Material to guide professional practices is best prepared by professionals who represent the constituencies who will be expected to implement such practices.

(2) Specific responsibility needs to be assigned to individuals to develop written materials that can be read and reacted to by colleagues.

(3) The review of materials should be done from both theoretical/research and applied perspectives.

(4) Materials should be available to field personnel during developmental phases, as well as final product phase.

The first decision made in the development of this publication was the selection of a primary editor. Dr. Frank Wood from the University of Minnesota served this role. Dr. Wood worked with us in developing the overall plan for the manual, met individually and collectively with the authors and spent many hours editing and shaping the content. Without his participation, this publication would not have been possible.

The material in this manual has been reviewed several times. From an applied perspective, professionals representing the special education field in Iowa responded to the draft form. In addition, nine professionals nationally read and responded to selected portions of the document. These persons were:

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The final quality of this document is a reflection of the work done by the authors and the input from both in-state and out-of-state reviewers. It should also be acknowledged that our Division clerical staff - in particular Nancy Brees - spent many hours working and reworking the content.

Carl and Jeff

TABLE OF CONTENTS

CHAPTER I: BEHAVIORAL DISORDERS IN IOWA: AN OVERVIEW 1

  Historical Background 5
  Change Process of Terminology and Definition 6
  Assumptions Underlying Definition of Behavioral Disorders 6
  Focus on First Paragraph of Iowa Definition 12
  Desired Use of Definition by Professionals in Iowa 13
  Related Issues 14
  Concluding Comments 15
  References 16

CHAPTER II: CHARACTERISTICS OF BEHAVIORALLY DISORDERED YOUTH 19

  DSM III 22
  The Iowa Label 22
  The Iowa Definition 23
  Programmatic Considerations in Relation to Characteristics 31
  Cautionary Notes 32
  Summary 33
  References 34

CHAPTER III: DECISION MAKING: ELIGIBILITY AND PROGRAMMING OPTIONS 37

  Legal Mandates, Student Needs, and Student Eligibility 40
  Steps in Quality Decision Making 45
    Figure 1 - Steps in Quality Decision Making 51
  References 57

CHAPTER IV: SETTING ANALYSIS 59

  Theoretical Framework 62
  Rationale for Inclusion 64
  Procedural Overview 65
  Specific Assessment Procedures 66
  Summary 84
  References 85
  Appendices:
    A. Assessment of Classroom Learning Environment 98
    B. Environmental Analysis 111
    C. Environmental Checklist 124
    D. Environmental Rating Form 130
    E. Classroom Evaluation 140
    F. Intervention Checklist 142
    G. Record Review 144
    H. Parent Conference/Contact Record 149

CHAPTER V: PUPIL BEHAVIORAL DATA 151

Documenting the Observable Behaviors: Formal Systematic Observations 154
What Do Systematic Observation Data Tell Us About a Child? 167
Documenting the Perceptions of School Personnel: Behavioral Rating Scales 171
Documenting the Parental Perceptions: Pupil's Home and School Behavior 183
References 197
Appendices:
A. Classroom Behavior Record 204
B. Behavioral Checklists and Rating Scales 206

CHAPTER VI: INDIVIDUAL TRAIT DATA 221

Methods of Assessment 226
Projective Techniques 234
Summary 235
References 236
Appendices:
A. Multidimensional Self-Report Measures 237
B. Unidimensional Self-Report Measures 251
C. Projective Tests 256

Chapter I

BEHAVIORAL DISORDERS IN IOWA: AN OVERVIEW

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Chapter 1

BEHAVIORAL DISORDERS IN IOWA: AN OVERVIEW

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Jeff Grimes

The development of this manual signifies the many changes that have occurred in Iowa over the past several years in the special education area we now refer to as behavioral disorders. We have emerged from an era when we served a few severely involved youngsters to a time when over 6,000 mildly, moderately and severely behaviorally disordered students receive our special education programs and services. Once there were a few classrooms located in clinical settings; now there are over 300 classroom programs representing a full continuum of program options ranging from resource programs to totally self-contained models. Staff working with behaviorally disordered students have changed from a few clinically trained professionals to a large cadre of competent well-trained professionals throughout the state. With these changes has come a concerted effort to establish an effective and fair manner of describing these students and the implementation of a definition consistent with these goals. The ideas contained in this manual reflect such a direction.

The definition of behavioral disorders that went into effect in November 1983 reads as follows:

> "Behaviorally disordered" is the inclusive term for patterns of situationally inappropriate behavior which deviate substantially from behavior appropriate to one's age and significantly interfere with the learning process, interpersonal relationships, or personal adjustment of the pupil to such an extent as to constitute a behavioral disorder.
>
> (1) Clusters of behavior characteristic of pupils who are behaviorally disordered include: Cluster I - Significantly deviant disruptive, aggressive or impulsive behaviors; Cluster II - Significantly deviant withdrawn or anxious behaviors; Cluster III - Significantly deviant thought processes manifested with unusual communication or behavioral patterns or both; and Cluster IV - Significantly deviant behavior patterns characterized by deficits in cognition, communication, sensory processing or social participation or a combination thereof that may be referred to as autistic behavior. A pupil's behavior pattern may fall into more than one of the above clusters.
>
> (2) The determination of significantly deviant behavior is the conclusion that the pupil's characteristic behavior is sufficiently distinct from his or her peer group to qualify the pupil as requiring special education programs or services on the

basis of a behavioral disorder. The behavior of concern shall be observed in the school setting for school-aged pupils and in the home or center-based setting for preschool-aged pupils. It must be determined that the behavioral disorder is not maintained by primary intellectual, sensory, cultural or health factors.

(3) In addition to those data required within the comprehensive educational evaluation for each pupil requiring special education, the following areas of data collection shall be gathered when identifying a pupil as behaviorally disordered which describe the qualitative nature, frequency, intensity, and duration of the behavior of concern. If it is determined that any of the areas of data collection are not relevant in assessing the behaviors of concern, documentation must be provided explaining the rationale for such a decision.

"Setting Analysis" data includes: information gathered through informal observation, anecdotal record review and interviews describing the setting from which a pupil was referred; documented prior attempts to modify the pupil's educational program so as to make behavioral and academic achievement possible in the current placement; and social functioning data that includes information, gathered from sources such as teacher interviews and sociometric measures, regarding the referred pupil's interaction with his or her peers.

"Pupil Behavioral Data" includes: measures of actual behavior that include the specific recording, through systematic formal observations, of a pupil's behavior including the frequency of behaviors of concern; and measures of reported behavior that includes information gathered through checklists or rating scales and interviews that document the perceptions of school personnel regarding the behavioral pattern of the referred pupil and information regarding the perception of the pupil's home and school behavior obtained from the parent or surrogate parent.

"Individual Trait Data" includes information about the unique personal attributes of the pupil. This information, gathered through pupil and teacher interviews and relevant personality assessments, describes any distinctive patterns of behavior which characterize the pupil's personal feelings, attitudes, moods, perceptions, thought processes, and significant personality traits.

The purpose of this chapter is to provide a background for the development of the current definition of behavioral disorders in Iowa. Subsequent chapters will provide specific information on the components of the definition itself.

HISTORICAL BACKGROUND

"Behavioral disorders" became a formal special education category in Iowa on July 1, 1983, through legislative action (House File 133). This term replaced "emotional disabilities" and "chronically disruptive" which had been in effect since the early 1970s. Prior to that time the term "emotional maladjustment" had been used.

Along with the terminology change has come a shift in the process by which students with behavioral disorders are identified. Until the early 1970s, it was required that such students be identified by a mental health professional, such as a child psychiatrist. In the early 1970s, a multidisciplinary staffing team made eligibility decisions yet a clinical consultation with a licensed psychologist or psychiatrist was required prior to placement of a pupil into a self-contained model. Today, the total decision regarding eligibility and program placement rests with the diagnostic-educational staffing team.

These two trends in terminology and in the identification process are reflective of a larger philosophical change in Iowa. Briefly stated, this is a move away from an exclusive mental health model in defining behavioral disorders. Today students are not viewed solely in the limited perspective of the classical clinical category,"emotionally disturbed." Some students identified as behaviorally disordered may fit such a description but not all, and probably not most. Furthermore, special education eligibility is viewed as an educational decision to be made within the school setting rather than by colleagues from other disciplines.

The philosophy and procedures for educational programs have also changed. In the earlier days of this field's development, teachers were called on to teach academics, control disruptive behavior and to follow the treatment plan specified by clinical personnel. Often "therapy" was predominant with "teaching" being secondary. Today, more behavioral change strategies are being developed and incorporated in the classroom including social skills training and self-control curricula. Adjunct therapy, delivered by someone other than the classroom teacher, may or may not be a part of the program.

These trends are not limited to Iowa. As Wood (1984) notes, professionals in the area of behavioral disorders are still dealing with problems of eligibility and programming for such youngsters on a nation-wide basis:

> Beneath all the metallic lacquer and chrome, is special education for the BD/ED student still only a Model T? Should we yield to depression and cynicism, admitting that we do not have the answers? While we can point to few major advances in our understanding of severe problem behavior and its treatment, there is no reason to believe that the hard problems will not yield gradually to persistent efforts. (p. 8-9)

CHANGE PROCESS OF TERMINOLOGY AND DEFINITION

In 1980 the Department of Public Instruction (DPI), through the State Board of Public Instruction, first proposed to the Iowa Legislature the adoption of the term "behavioral disorders" to replace the terms of "emotional disabilities" and "chronically disruptive." This proposal was sent to the Legislature for three years before being discussed and passed during the 1983 legislative session.

The DPI proposal was forwarded for several reasons (Smith, 1982). In summary, it was felt that: 1) behavioral disorders was a more accurate overall term to describe these students, 2) was less derogatory than terms such as emotional disabilities and chronically disruptive, and 3) would lead to more specific identification procedures.

With the passage of House File 133 the Department of Public Instruction began an intensive effort to develop a definition of behavioral disorders. In 1981 a preliminary proposal for this definition had been distributed in the state with an opportunity for input. Using this as a base definition, work was begun on the development of a new definition following the passage of the Legislative proposal.

The initial step in this development involved the selection of a resource person from outside the State of Iowa who could react to the proposed definition from a nonbiased standpoint and who would bring a perspective of what other states had done with their definitions. Dr. Frank Wood from the University of Minnesota served as the resource person and met with DPI staff to consider concepts critical to our new definition of behavioral disorders.

Following this input a small group of persons representing special education administration, school psychology and instructional services met in Des Moines to further refine the definition. This process led to two additional drafts of the proposed definition. Finally, in June of 1983, a final draft definition was submitted to the Iowa Legislature for review. The definition passed final approval by the Legislative Committee in late September and went into effect November 30, 1983.

ASSUMPTIONS UNDERLYING DEFINITION OF BEHAVIORAL DISORDERS

Several assumptions served as the base for the development of the Iowa definition of behavioral disorders. These are: (a) the assessment process in behavioral disorders should include both behavioral and more clinically oriented approaches for determining behavioral deviance; (b) although objectivity is to be sought, this can best be achieved through shared decision making and viewing the perceived behavioral disorder from different vantage points rather than thinking we are making objective decisions via the pseudoscientific manipulation of numerical data; (c) priority in data gathering should be focused on those data most pertinent to the behavior of concern for a given student rather than standardized batteries administered to all special education referrals; and (d) eligibility for the category of behavioral disorders within special education should be controlled via high quality, defensible professional decision making rather than earlier strategies such as the use of negative, nonfunctional labels to control such a process.

Assumption #1 "The New Right"

> The adjective "behavioral" used in the title of this journal is not meant to imply that the journal is concerned only with the theoretical orientation of behaviorism. On the contrary, the term "behavioral" refers to the empirical assessment of behavior, as either a dependent or an independent variable, which is the focus of this journal.

From editorial appearing in
first issues of Journal of
Behavioral Assessment, 1979,
Henry Adams and Samual Mitmer.

In the 1970s and earlier, debates were abundant regarding the correct way to approach behavioral deviance. On the one hand there is the traditional or "trait" approach which advocates that deviance is a phenomenon particular to the individual. Competing with this has been the behavioral or "state" approach advocating that deviant behavior can only be assessed in relation to the environment in which such behavior occurs. Likewise, differences in the assessment of behavioral disorders have been debated within the larger context of psychodynamic versus behavioral approaches to disordered behavior. Recently, the quest for the single "correct" way of approaching behavior disorders has diminished. It is generally accepted that no single theoretical orientation can adequately explain all types of behavior difference. This has moved our conceptualization of assessment toward an interactionist view (Bowers, 1973), or a realization of the validity of both trait and state approaches that continually interact with each other. As Mischel (1975), an eloquent spokesperson for the behavioral school of thought, concludes after examining conflicting contentions:

> While coherence in personality is not in dispute, this perceived continuity exists side-by-side with the equally compelling evidence that complex human behavior is regulated by interactions that depend intimately on situational conditions (stimulus variables) as well as dispositions. (p. 4)

The Iowa definition of behavioral disorders requires data collection that reflects both state and trait orientations. One possible implication of work such as Bowers' (1973) is that the importance of different types of data may vary according to the specific qualitative characteristics being observed in the student being assessed. For students exhibiting highly unusual clinically related behaviors (Cluster III) the examination of traits may yield the most meaningful diagnostic indicators. In other instances, when faced with behaviors that are not unusual to the school setting in their typology, yet create concerns because of such variables as frequency and intensity, relying on behavioral or state measures may prove more effective. Both diagnostic biases are included in the Iowa Assessment Model.

Assumption #2
"Numbers Can't Replace Professional Decision Making"

> The mystique of science proclaims that numbers are the ultimate test of objectivity. Surely we can weigh a brain or score an intelligence test without recording our social preferences. If ranks are displayed in hard numbers obtained by rigorous and standardized procedures, then they must reflect reality, even if they confirm what we wanted to believe from the start.
>
> Steven Jay Gould
> The Mismeasure of Man

The Iowa definition of behavioral disorders requires more specific data collection than had been mandated in the past. Some may suspect that this direction means our decisions will be made by the data rather than professional judgment. That is not the intent. Rather, the intent is to insure that the behavior of concern is examined systematically from several vantage points including the child, the environment and significant others in the environment. But does this mean movement towards a weighted score for each of these areas that can be combined in some type of formula to answer the question for us of "Who is behaviorally disordered?" Clearly the answer is no.

As implied in the opening quote of this section, numbers provide a false security that a task has been approached in a scientific manner. When a formula is used, it may take the pressure off of professionals. For example, professionals are frequently faced with local politics that may result in pressure influencing whether to identify and place a given child. With the use of formulas rather than our making decisions, professionals are merely presenting the decision made by virtue of how the numbers fell.

With Iowa's definition of behavioral disorders, numerical data is encouraged in the various areas of data collection. For example, systematic observations will yield data on the actual occurrence of behaviors of concern and professionals can compare such numerical data to composite peer data in the same behavioral areas. But when it comes to combining the various data patterns for the purposes of making a decision, there is no established formula to guide us.

Others have sought to reduce ambiguity by specifying a particular professional to make the eligibility decision. This solves the problems regarding who qualifies for services by simply stating, "A student is behaviorally disordered if determined as such by a ________________" (fill in the blank - clinical psychologist, psychiatrist, school psychologist, B.D. consultant). Thus, we are removing the need to specify how such a conclusion is drawn by specifying who makes the decision. In Iowa this approach is not supported.

The approach adopted through our definition is that specific data from a number of areas will be gathered in a systematic manner. Following the collection of such data a staffing team is challenged with the responsibility of determining whether the student in question is distinctly different from his/her peer group so as to need special education services or programs. Data is not gathered just for the sake of gathering data but rather for looking specifically at the referring problem from numerous perspectives. Individual responsibility is not reduced in such a process. As a colleague quipped, "Many voices do not make wisdom." Thus, as we encourage increased data gathering and group decision making, it is vital that the professionals involved assert their professional expertise in analyzing patterns of data and stating implications for subsequent decision making.

It is hoped that this data collection process actually leads to the increased use of team members' clinical skills. The challenge will be to use these data in a meaningful way to arrive at collective decisions within the staffing process regarding both eligibility and programming needs. The responsibility for the decision making is a function of professionals' judgment, not numerical scores or expert opinion of "the" decision maker. While either or both of these latter approaches possess a certain seductive quality by removing the uncertainty of our responsibility for students and their families, they do not represent a defensible process for identifying children and youth who have behavioral disorders.

Assumption #3 "Let's Look at What We See"

> There is an old Mutt and Jeff cartoon you may have seen that says it all. Jeff is looking for a lost quarter under a street lamp. A cop comes by and helps him look. After a while the cop says, "I don't see it. Are you sure you dropped it here?" Jeff, not looking up says, "No. I dropped it down the block, but the light is better here." The cop scratches his head, and the final frame shows him resuming the search.
>
> Hugh Drummond
> "Power, Madness and Poverty"

Recently several systematic research efforts have been undertaken regarding the types of data contained in the files of students identified as behaviorally disordered in Iowa (McGinnis, 1981; Smith, Frank & Snider, 1984). The patterns that have emerged are somewhat puzzling.

Overall, it appears that the highest quality and most available types of data used in identifying behaviorally disordered students are in such areas as intellectual and academic assessments. The lowest quality and least available types of data are in areas such as systematic observations, measures of reported behavior and measures of social functioning. Paradoxically, when professionals, including B.D. teachers, psychologists and consultants, are asked what types of data are most important in the identification process the latter types are mentioned. Thus it seems that there has been a behavioral pattern of gathering much data in the areas we consider to be the less relevant areas of assessment for such students. This phenomena would seem to call into question the procedures used in identifying B.D. students. As McCauley (1980), a principal of a day school program, has pointed out:

> ...a type of "Big Bang" theory or approach is used for defining disordered behavior. A child engages in a series of nefarious actions. Somehow that string of misbehaviors is coped with by the school or community. Then - BANG - the youngster does something that brings so much attention that all behaviors are considered as instances of disordered behavior. Time after time in our identification and referral process, we hear professionals relying on the major behavior incident as the coup de grace in making a decision about placing a youngster. It is very easy to tell us about hitting teachers, pulling a knife and threatening someone, or putting a pistol in a mouth and threatening suicide. What seems to be very difficult for referral agencies to do is to surface consistent and multiple behaviors that indicate problem behaviors across settings and time. (p. 6)

When looking at the documentation on placements of students with behavioral disorders in Iowa, it seems that assessment data in academics and intellectual areas are combined with "Big Bang" incident reports. The new definition of behavioral disorders emphasizes a more comprehensive review of relevant behavioral data. Because of limited resources this may also necessitate a reexamination of the amount of time professionals spend in assessing areas such as cognitive functioning. For example, does it make sense to spend a significant amount of time readministering an individual intellectual measure when such measures in the past have provided a consistent general picture of a student's cognitive functioning? Professional time and expertise might best be spent on the types of data needed but not available.

Assumption #4 "Floodgates or Flood Control?"

> If a child is categorized as sick, the school can be confident that there is no social problem, no issue of social structure, but only an individual problem — or a whole slew of individual problems.
>
> Richard deLone
> Small Futures

One of the primary objections to the change in terminology from "emotional disabilities" to "behavioral disorders" goes something like this:

> Professionals will think a long time before they call a child emotionally disabled. They wouldn't want to stigmatize a child with such a label unless absolutely necessary. Parents will fight this label unless they don't have any choice. Unless the problem is severe and dangerous—you know he/she does have learning problems so...

This has led administrators to rest easy regarding overidentification in this area of special education relying on label-phobia to keep numbers down.

Overidentification can certainly be a realistic problem. The legislature and the public can reach a point where they question whether special education legislation was intended to serve as many students. Perhaps more important, efficacy questions can be raised regarding whether special education is the most appropriate service delivery model for a large number of students.

With the change in terminology to behavioral disorders it has been asserted that while professionals must attend to the numbers of students designated as behaviorally disordered, eligibility philosophy is best resolved through appropriate assessment procedures - not through perjurative labels. Such a resolution provides a professional rather than a political solution to the problem.

With the move away from negative labels to control entry into such programs or services there comes an increasing responsibility for the professionals involved in such decision making to critically assess whether the students who are identified truly need special education programs and services. It is increasingly important to examine what services are best delivered under the rubric of special education versus those necessary services and adaptations which are best provided in regular education. Crucial in this process will be the "prior attempts" provisions within the assessment model which will be discussed in a later chapter.

FOCUS ON FIRST PARAGRAPH OF IOWA DEFINITION

The majority of the new definition of behavioral disorders will be dicussed in subsequent chapters. One exception is the first paragrph which will be discussed here. This introductory paragraph provides the general parameters for defining such students. It states:

> "Behaviorally disordered" is the inclusive term for patterns of situationally inappropriate behavior which deviate substantially from behavior appropriate to one's age and significantly interfere with the learning process, interpersonal relationships, or personal adjustment of the pupil to such an extent as to constitute a behavioral disorder.

The initial phrase states that professionals will be identifying a "pattern of situationally inappropriate behavior." In order to determine if such a pattern exists it is essential to have some information regarding the situation in which the behavior of concern occurs as well as information concerning what behavior is expected in such a setting, i.e., what the behavior of concern is deviating from. Setting analysis information, objective observation (especially with the use of normative peer data) and social functioning data provide the requisite information to make such a determination.

Another component of this paragraph states that the behavior of concern "deviates substantially from behavior appropriate to one's age." This phrase stresses that a close examination must be made of the qualitative nature of a given behavior in relation to the age appropriateness of such behavior. Relevant research (Pimm, Quay & Werry, 1967; Routh, Schroeder & O'Tauma, 1974) has shown the relationship of such behaviors as hyperactivity to chronological age. Consequently, it is imperative that the staffing process examine the relationship between the behavior of concern with the age appropriateness of such behavior. Checklist/rating scale data, objective observation and social functioning data should assist in this regard.

The final phrase states that the behavior of concern "significantly interferes with the learning process, interpersonal relationships, or personal adjustment of the pupil." It is important to note that these three descriptions are linked by an or rather than and. Each of these three descriptions merit individual attention.

Academic deficits have frequently been pointed out as a salient characteristic among students with behavioral disorders (Bower, 1981; Kauffman, 1981; Morse, Cutler & Fink, 1964). Thus, academic performance will be an important variable affecting a student's behavioral adjustment (Smith, White & Peterson, 1979). In the area of behavioral disorders it is hypothesized that the student manifests academic deficits primarily as the result of deviant behavioral patterns. Therefore, within the academic assessment, professionals must be interested in obtaining information for diagnostic purposes and planning an appropriate academic program for the student.

Problems in interpersonal relationships are also quite common among behaviorally disordered pupils. This refers to both relationships with peers and adults. Social functioning data, objective observation, checklist/rating scale data and setting analysis data may be particularly important in this area of documentation.

When referring to the "personal adjustment of the pupil" we are dealing more directly with the affective status of an individual pupil. Among the areas explored are how this pupil perceives the school setting, his/her peers and such nebulous yet all important constructs as "happiness." Self-concept information becomes important in this area. The chapters in this manual dealing with personal trait data and pupil behavior will discuss ways to examine the personal adjustment of a student.

DESIRED USE OF DEFINITION BY PROFESSIONALS IN IOWA

A definition sets the scene for utilizing professional skills in decision making when identifying students with behavioral disorders. Many persons seem to desire a "cookbook" to explain the step-by-step procedures. Others may desire a "formula" that answers the question regarding which students are, in fact, eligible for services. The Iowa definition of behavioral disorders does not lend itself to either of these alternatives. Instead, this definition is very much dependent on the competent functioning and sound group decision making of multidisciplinary staffing teams.

One of the prerequisites to such group decision making is the appropriate presentation of data. In subsequent chapters of this manual specific methodologies are recommended in the identification process. Crucial in this process, however, is that data is shared among the staffing participants in an open manner. This will set the scene for a true "group" decision rather than individual decision making and reporting. This sharing process also leads to a consensus among the participants regarding student eligibility and programming needs. Such a process must also allow for the possibility of individuals filing minority reports when they personally disagree with the consensus opinion.

In the past information has been gathered from teachers that implied that the assessment information supplied to them regarding behaviorally disordered students was not particularly useful and the information teachers felt was most useful, was not necessarily available (Zabel, Peterson, Smith & White, 1982). The requirement of several specific data collection areas is a concept that is supported by the definition of behavioral disorders. Obviously, an emphasis is directed toward making appropriate decisions regarding eligibility of referred students. However, a second, and perhaps more important outcome of gathering these varied data is to provide information that will be useful in planning a meaningful program for the youngster involved.

Another question that frequently arises is whether the new definition is related to specific training biases of the professionals involved in implementation. As mentioned earlier, the definition does not favor any individual philosophical base and is intended to be equally functional for professionals representing various disciplines including special education, school psychology, and social work.

RELATED ISSUES

There are some additional issues that need to be addressed in order to clarify the intent of the new definition. These include: (a) the relationship of behavioral disorders to other diagnostic/classification systems, (b) defining the role of schools in dealing with deviant behavior patterns, and (c) the identification procedures to be used in settings other than the public schools.

The definition of behavioral disorders was written as an educational definition. Other classification systems which are more clinically based were examined, such as DSM-III (American Psychiatric Association, 1977), but no attempt was made to duplicate such systems. Many of the students who are or will be identified as behaviorally disordered may also be identified as deviant under clinical or judicial systems. While such a relationship may exist, it is not a necessary condition for identification as behaviorally disordered.

Another issue that has concerned some people has been whether the field of behavioral disorders encompasses all of the behavior problems in school. This is not the case. Obviously there are many behavior problems that are best dealt with by regular education. Just as the field of learning disabilities cannot be held responsible for all problems in the cognitive domain and the field of physical disabilities cannot be held responsible for all problems in the physical domain—the field of behavioral disorders cannot assume responsibility for all school-related problems in the behavioral domain. The definition directs professionals to identify students who are handicapped in obtaining an education and whose characteristic behavior is significantly distinct from his/her peer group.

A final issue has to do with applying this definition to youngsters being served in out-of-home placements such as state institutions or residential settings. Ideally the same data analyzed in the public school setting would be available for students being placed into residential placements and being considered for programs in behavioral disorders. However, if such data are not available, professionals should follow two procedures.

First, it is important to gather as much data a possible from the previous classroom placements of such youngsters. This means directly contacting persons who have worked with the student and gathering data such as their perceptions of the status of the targeted child's behavior in relation to his/her peers.

A second strategy will include the gathering of unavailable data through an extended evaluation within the residential placement. This may include the use of techniques such as objective observations to gather data that may not have been available at the time the student was placed into residential care.

These strategies, taken together, should lead to the availability of the necessary information to make eligibility and programming decisions for students placed into residential settings.

CONCLUDING COMMENTS

This chapter provides a background and general orientation to Iowa's new definition of behavioral disorders. Subsequent chapters will provide the reader with an examination of the substance of this definition. Through the competent application of these procedures by our colleagues in Iowa we are confident this definition will lead to improved identification procedures and programming for students with behavioral disorders in Iowa.

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Chapter II

CHARACTERISTICS OF BEHAVIORALLY DISORDERED YOUTH

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Chapter II

CHARACTERISTICS OF BEHAVIORALLY DISORDERED YOUTH

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"I don't know what it is, but I know it when I see it!" That statement is often applied to art, to beauty, and yes, to behaviorally disordered youth. Precisely defining and delimiting these broad, complex concepts may be something else again.

The nebulous approach may be excusable for the lay person when it comes to behavioral disorders. It is not satisfactory for educators in general and, particularly, for school psychologists and others with professional responsibility for disability certification process. It is the purpose of this chapter to describe more accurately those behaviors, behavior patterns and deviant thought processes that make up the disability category of behavioral disorders.

A word of caution: It is not the purpose of this chapter to list and describe every conceivable behavior, condition or characteristic that would fall in the behavioral disorders category. Nor does the chapter purport to be a compendium or depository of every authority's thoughts on the subject. There are other sources for in-depth treatments of the topic of behavioral disorders in children (Cullinan, Epstein & Lloyd, 1983; Kauffman, 1977; Samuels, 1981). This chapter will discuss aspects of the Iowa definition of behavioral disorders and relates to it some of the characteristics which could meet the test of that definition.

The people of Iowa have a long history of concern for needs of behaviorally disordered children. Chapter I of this publication dealt extensively with the history of earlier efforts to meet those needs. Many issues important in Iowa today have been recognized and grappled with for over 100 years (Kauffman, 1977). The work of Pinel in France, Tuke in England, and Rush in the United States, ushered in what might be called "the modern era" of dealing with behavioral disabilities through their advocacy of humane treatment of the behaviorally disordered of all ages (Cullinan, Epstein & Lloyd, 1983). But only since around 1900 have concerns focused specificially on youth, with the beginnings of systematic study of child psychological development and the development of alternative psychological models for explaining personal and social maladjustment (Cullinan, Epstein & Lloyd, 1983).

More recently, laws mandating services for all handicapped children have encouraged the development of special education. Early descriptions of problem behavior stressed notions of pathology and illness. More recently there has been a movement away from terminology like "psychosis" and "neurosis" to terminology stressing disordered behavior. The movement has been away from description of the child's illness to description of what the child does or does not do, from a stress on inferred inner emotional status to a stress on observable problem behavior.

DSM III

There has been confusion within the educational community over designations or categories. "Emotional disability," "emotionally disturbed," and "behavior disordered" have been or are currently used interchangeably or in combination. The Diagnostic and Statistical Manual of Mental Disorders, Third Edition (1980) published by the American Psychiatric Association (referred to hereafter as DSM III), has not cleared up confusion between educators and clinical mental health professionals. The manual groups disorders of children on the basis of major area of disturbance. In it terms like intellectual, behavioral, overt (meaning conduct or attention deficit disorders), emotional (meaning anxiety disorders of childhood or adolescence and other disorders of infancy, childhood, or adolescence), physical and developmental are utilized to describe categories of mental health conditions. Thus, reference is made to both inner emotional state and observable problem behavior.

Under the DSM III "behavioral" category, attention deficit disorder is further broken down into with or without hyperactivity and residual type. Conduct disorders are further delineated as under-socialized and aggressive; under-socialized and non-aggressive; socialized, aggressive, socialized, non-aggressive; and atypical conduct disorders. The "emotional" category includes the anxiety disorders of separation, the avoidant disorder, and the over-anxious disorder. The "other disorders" in DSM III include the categories of reactive attachment, schizoid, elective mutism, oppositional disorder, and identity disorder. Other conditions found in youth such as Anorexia Nervosa, Bulima, Pica, Ticks, Tourette's, Enuresis, and Autism are found under the "physical" heading.

THE IOWA LABEL

While DSM III contains both terms "behavioral" and "emotional," the new Iowa label consolidates all of the DSM III's subtypes under the broad label behavioral disorders. Behavioral disorders as used in the Iowa definition includes all disorders of children and adolescents covered in DSM III that are educationally significant. This change came after lobbying by school psychologists and other educators who believed that the earlier term "emotional disabilities" was not broad enough or accurately descriptive and that the new term was more useful and appropriate for usage in educational settings.

Adopting the label "behavioral disorders" does not mean that Iowa adopted the viewpoint associated with the "behavioral psychology," excluding other psychological theories of human behavior. Representatives of the Iowa State Department of Public Instruction have stated that multiple theoretical approaches are appropriate and even desirable in a pluralistic society (Smith, undated). The new label is intended to be more rather than less inclusive.

The term "behavioral disorders" as employed in the Iowa definition should be understood as Achenbach (1981) described it—as not implying an exclusively behavioristic conception, but encompassing the terms of psychopathology, mental disorders and emotional disturbance. The existence of a behavioral disorder is to be established by direct observation of behavior interfering with learning in school children, supplemented by data permitting the inference of disturbed inner psychological states. The measurement of these phenomena will be considered in later chapters.

It is appropriate that a discussion of characteristics of behaviorally disordered children incorporates psychiatric nomenclature as educational systems and mental health networks often interact to serve the same children (Forness & Cantwell, 1982). Forness and Cantwell (1982) and Sattler (1983) have discussed this issue, acquainting educators with facets of DSM III which could be of value in these interactions. The DSM III vocabulary and other "clinical" nomenclature are utilized below in addressing behavioral characteritics as they relate to Iowa's definition.

THE IOWA DEFINITION

The Iowa definition contains several key words and phrases intended to help define behavioral characteristics: "patterns," "situationally inappropriate," "deviate substantially..." from age expectations and "significantly interfere."

"Pattern" suggests the problem behavior is recurrent. If the specific behavior of concern is spitting, the behavior of a child who spits once, or even several times, is not be the same as that of the child who spits 14 times an hour, every hour of the school day, days on end. A "pattern" need not be a static or increasing one. The child observed to be making social contacts with peers less and less frequently is displaying a significant pattern of decreasing social contacts, albeit developing pattern of increased social isolation.

Edelbrock and Achenbach (1980), in their discussion of the Child Behavior Profile, referred to empirically derived patterns of behavior that characterized disturbed children. They report differing patterns for various age groups and both sexes. By deriving separate taxonomies for both sexes in two age groups (6 to 11 years and 12 to 16 years), the patterns reflected significiant differences with respect to age, sex, race, school performance, and amount and quality of social relationships among disturbed children.

"Situationally inappropriate" is a more complicated concept. The definition of "Appropriate" assumes cultural and social values which are not necessarily held in common by all ethnic or cultural groups. In the above example of spitting, a child spitting in a classroom might be situationally inappropriate while the same behavior, spitting, if observed in a boy on the baseball diamond might not. A child audibly belching as though to gain attention in the classroom would be engaging in situationally inappropriate behavior. That same child, if he or she did not audibly belch following a meal at an Arab friend's home, might be considered impolite.

The "situation" has to do with an object (or child) in relation to its (his or her) surroundings—the relative position or combination of circumstances at any given moment (Webster's, 1976). The continuation of every culture depends on its children and their learning and taking on those behaviors, values, mores and attitudes that are appropriate in various situations (Goslin, 1969). In the context of Iowa's definition the appropriateness or inappropriateness of behavior in relation to the situation in which it occurs would ultimately rest on the "reasonable man test" so familiar to attorneys (Ballentine, 1948). The reasonable man test in this context would imply that the reasonable person would deem the behavior inappropriate for the situation or circumstances in which it occurred. This same "test" might also be applied to the intensity or the "deviates substantially" variable in the Iowa definition.

The author finds it meaningful to consider all behavior as existing on a continuum from absent to extreme, from barely detectable to all pervasive. When the important considerations of chronological age, cultural background and environmental circumstances are taken into account, the continuum concept facilitates, from an empirical point of view, grappling with "significantly (substantially) deviant." It is also important to keep in mind that very normal children, those essentially in the middle of the expectancy continuum, on occasion perform behaviors that when seen in isolation might be described as disordered. Variables such as rate, intensity, severity, age appropriateness, and circumstances must be considered prior to concluding the child is so significantly deviant as to be labeled behaviorally disordered.

The Iowa definition, when speaking to signficant deviance, states that it is characteristic behavior "...sufficiently distinct (far enough away from the middle, at either extreme of the continuum) from his or her peer group to qualify the pupil as in need of special education programs or services on the basis of a behavioral disorder."

Behavior must "deviate substantially" to be labeled behaviorally disordered. For example, hyperactivity, distractibility and impulsivity are considered facets of disordered behavior (Kauffman, 1977). Kauffman states that part of the problem in defining these behaviors is the difficulty encountered in measuring them. Since all children are active, distractible, and impulsive, to some extent, what constitutes substantial deviation? Measurement will be addressed in a later chapter, but how intense a behavior must be in order to be deemed "substantial" is a concern of characteristics as well as measurement.

It has been proposed that children's behavior may be more "disturbing" than it is "disturbed" (Algozzine, 1977). The answer to what constitutes "substantial" may lie in how "disturbing" it is. That concept may be unfortunate but, according to Algozzine's findings, it may indeed be true. While this "disturbing" dimension would most commonly be applied to disruptive or aggressive behaviors, Gresham (1982) points out that children who might be classified as having a personality disorder (also accounted for in Iowa's definition) may exhibit behaviors which appear to be more disturbed than disturbing to the observer. The level of intensity may then be related to how disturbing behavior is or disturbed it seems to the adults; hopefully, the "reasonable" adults in the child's environment.

To "deviate substantially" refers not only to the frequency or amount of a behavior but also to the relative quality of it. Specific extreme behaviors are either present or they are absent, i.e., homicide, suicide; but general behaviors are described in degrees, i.e., severe aggression, moderate disruptiveness, extreme impulsity, great bizarreness. A child described as "a little" bizarre may be viewed as merely eccentric or unusual. At some qualitative point of deviance, the child becomes severely behaviorally disordered. It is difficult to get away from the wisdom in applying the "reasonable man test" to the extent to which a child's behavioral characteristics substantially deviate from the normal or interfere with school activities. As Rutter, Shaffer and Shephard (1975) have said, children differ from each other more by how much or the degree to which they manifest various behavioral characteristics than they do to the extent of possessing unchangeable, inborn characteristics.

By incorporating the concept of age expectations, the Iowa definition clarifies, somewhat, the dimensions of substantial deviation. Developmentally, behaviors are described as typical or normal at specific ages and "normal" in this case means commonly shown by children of the specified age, not at others. From a developmental point of view, predictions concerning normal behavior for given circumstances can be made with a fair degree of accuracy. When behaviors that are developmentally characteristic of children younger than the child observed are frequent, a judgment of substantial deviation may be appropriate.

Cullinan, Epstein and Lloyd (1983) propose two standards that guide judgment as to whether or not certain "behavioral problems" should be deemed abnormal or disordered. The "typical-as-normal" standard is where normal is what average children do. Abnormal is when the child's behavior problems are more frequently intense or longer lasting than those of peers. The "ideal-as-normal" standard is where normal is what children defined by society as "good" should do and those that do not measure up to the accepted ideals are found abnormal. Developmentally normal behavior is often less mature than ideal normal behavior.

Clusters of Behavior

The Iowa definition of behavioral disorders refers to "clusters" of behavior chacteristics of pupils with behavioral disorders. Four clusters are enumerated — disruptive, aggressive or impulsive behaviors; withdrawn or anxious behaviors; deviant thought processes; and deficits in cognition, communication, sensory processing or social participation or combinations of these characteristics "...that may be referred to as autistic behavior."

The "clusters" paradigm of the Iowa definition is loosely comparable to the "axis" model of DSM III referred to earlier although the two models will invariably lead to different classifications in many instances. As Forness and Cantwell (1982) point out, practitioners in the educational setting and those in clinical mental health will view behavioral characteristics from different perspectives. The educators' view, specifically the Iowa educators' view with respect to the Iowa definition, is discussed below.

Cluster I includes what could be characterized as acting out or conduct disorder behaviors. It is separated into disruptive, aggressive and impulsive categories. Cluster II groups characteristics often associated with the more internalized, personality disorder syndrome, while Cluster III contains what DSM III characterizes as schizophrenic and paranoid disorders. Cluster IV groups autistic-like characteristics.

Achenbach (1981) suggests another way to label these commonly identified clusters. He calls them "broad band" syndromes. Cluster I would be "undercontrolled" in Achenbach's terminology. Cluster II is the "overcontrolled" syndrome. Cluster III is the "pathological detachment" syndrome, but Iowa's Cluster IV is unaccounted for, unless it could fit into aspects of the cluster Achenbach calls "learning problems."

CLUSTER I—Significantly Deviant Disruptive Behaviors

Disruptive behaviors are those which cause disorder and displacement of the status quo or of the expected flow and order of things. This distinction might be thought of in light of Algozzine's (1977) differentiation between "disturbed" and "disturbing" referred to earlier. Algozzine, however, was referring to how behaviors disturbed the teacher or other adults. While this dimension of disruptive behavior will inevitably be present, the intent of the descriptor "disruptive" in the Iowa definition is that it relate to the educational process of the subject child.

The disruptive child may indeed "disturb" the adults in his or her environment, but focus needs to be on the behavior's impact on the learning process, primarily that of the child in question. Disruptive pupils behave in such a way as to interfere with their reaching the planned goals or objectives of a classroom and very often with the development or maintenance of positive social relationships between themselves and peers.

It is widely accepted that education requires a degree of order, of sequential steps, of focus on processes, content, objectives, and goals. Disruption of the educational process itself deprives the learner of optimally gaining from that process.

CLUSTER I—Significantly Deviant Aggressive Behaviors

Aggression refers primarily to interpersonal conflict (Edmunds, 1981). Murray and Whittenberger (1983) define aggressive children as those who respond to others with an aversive behavior style and list descriptors such as fighting, defiance, destructiveness, bullying, lying and stealing. They differentiate between situationally appropriate and inappropriate behaviors, those which are sanctioned by a group and take place in that group's context and those which the group or teacher disapprove.

Although aggression is commonly associated with the terms "hostility" or "anger," the latter are not motor responses, but are descriptors of attitude and emotion often inferred as providing motivation for aggression. Aggression must involve another person or entity, be described as an interaction, and be conceptualized in relation to varibles impacting on the surrounding context (Bornewasser, Mummendey, Linneweber & Loschper, 1982). Feshbach (1970) suggests a basic motivational distinction between hostile aggression and instrumental aggression. The former entails a goal of causing the victim suffering while the latter is aimed at extrinsic reward such as objects or status. In either case, there is wide acceptance that pain is intended (Edmunds, 1981).

A further refinement of the definition of aggression separates its reactive from its initiatory nature, i.e., is the aggressor reacting to a real or perceived attack by the victim or is the aggressor the initiator of unprovoked aggressive behavior (Edmunds, 1978).

Disruptive behavior may or may not be aggressive; however, aggressive behavior is ordinarily disruptive when it occurs in the school. Aggressive behavior results in disruption, at least for the victim, and usually for those in the immediate vicinity. When aggressive acts occur in a school setting, depending upon their severity, the ripples of disruption can run through the entire establishment. Physical aggression is particularly disapproved by teachers and other school personnel unless it occurs in game situations where its expression is limited by formal rules.

For the purpose of this chapter, Bandura's (1973) description of aggression as behavior that results in or is designed or intended to result in personal injury or property destruction, with the injury being psychological or physical, is sufficient. Using this definition, the practitioner could pinpoint aggressive behaviors observed or anecdotally reported or otherwise indicated as present on checklists, i.e., within the Conduct Disorder or Socialized Aggression categories of the Revised Behavior Checklist (Quay, 1983).

Perhaps mention should also be made of what is sometimes called "passive aggression." The author agrees with Kauffman (1977) that this is a self-contradictory term; deliberate noncompliance or acts of sabotage are actively aggressive, but not passively so, while passivity is linked to inadequacy, immaturity or isolation. The preferred term for what was once called passive aggression is now noncompliance.

CLUSTER I--Significantly Deviant Impulsive Behaviors

Impulsivity has been described as a characteristic of taking hasty action, with little apparent forethought or planning, and a lack of inhibition in restraining impulses or desires (Goldenson, 1970). Goldenson (1970) points out that some degree of conscious restraint is needed in every society. Completely free expression of impulses or desires with no regard for consequences to self or others is strongly disapproved.

Kauffman (1977) says impulsivity is associated with hyperactivity, attention deficit, aggression and deficient moral development. He describes impulsiveness as both a cognitive tempo characterized by reduced latency of response (lack of reflective thinking before acting), and as action revealing the child's insensitivity to moral issues, or failure to limit his/her behavior to conform to what is considered right in the eyes of the law and/or society.

Impulsive children place ineffective curbs or brakes on action dictated by their needs or desires. They have difficulty postponing gratification and the impulsivity can be global or specific. A distinction should be made between the general characteristic of impulsiveness, which tends to impact across the entire behavioral repertoire of the child, and what have been called the impulsive neuroses. In the latter, there is often a single focus for impulsive behavior such as found in kleptomania (impulsive stealing) (Meyer, 1981). Meyer also separates out impulsiveness as a major component of the anti-social personality where the individual is typically unable to delay gratification.

CLUSTER II--Significantly Deviant Withdrawn Behaviors

Students show withdrawn behavior, or withdrawal (Goldenson 1970), when they retreat from what they perceive as threatening situations. The motive is hypothesized as a desire to avoid or decrease inner anxiety. In its most pathological form, withdrawal extends to retreating from aspects of reality or reality as a whole. Such students show a reluctance or refusal to become involved with others or a tendency to avoid contact and interaction. Often found as a normal defense mechanism, in its exaggerated or morbid form withdrawal becomes a serious debilitating condition. In extreme cases, withdrawn persons seldom emerge from a fantasy-filled state (Goldenson, 1970).

Withdrawal in a child is displayed in a lack of both social and emotional involvement. This may be symptomatic of an affective disorder with its accompanying flat and unresponsive affect (Samuels, 1981). Kauffman (1977) lists behavioral indicators of withdrawal as lack of relating to social stimuli, muteness, day-dreaming, reduced or absent verbalization, and gaze aversion.

The socially isolated child may not be withdrawn. A key element in delineating the withdrawn child is the locus of control—withdrawal is something the child does. Social isolation may be imposed on a child by peers or it may be a component of withdrawal. The distinction has obviously important implications for accurate diagnosis and subsequent intervention.

CLUSTER II—Significantly Deviant Anxious Behaviors

Ambiguity surrounds the definitions and descriptions of most inner emotional states. Anxiety is no exception. It has been stated that in the case of anxiety, the confusion is compounded because the term is employed in simultaneous reference to state, trait and process phenomenon (Spielberger, 1975). Process anxiety is described by Spielberger as a complex affective, cognitive, and behavioral sequence of events that results from some form of stress, with state anxiety being at its core.

"State anxiety" is hypothesized to be an emotional state and characterized by feelings of nervousness, apprehension and tension. These are consciously perceived and reported by the individual and occur in concert with elevated autonomic nervous system activity (Spielberger, 1975). Marinelli (1981) believes state anxiety is transient and fluctuating in intensity. He differentiates state from trait anxiety by describing trait anxiety as an attribute of persons who are "anxiety prone," who are prone to perceive many situations as threatening and to react to them with state anxiety. "Trait anxiety" is a generalized state anxiety.

While there are observable behaviors associated with the occurrence of state anxiety, in its trait form it is described as a feeling of generalized dread. Children who appear to show generalized anxiety appear to be unhappy, frequently have sleep problems in the form of sleeplessness, excessive sleeping, or nightmares, are often excessively concerned about physical harm or complain of somatic ills, have a degree of attention deficit, seek excessive reassurance, and often exhibit nervous habits (Samuels, 1981).

CLUSTER III—Significantly Deviant Thought Processes

A thought disorder occurs when disconnected or unrelated verbal ideas intrude on an individual's consciousness (Samuels, 1981). Apparent thought disorders are associated in the students with psychotic episodes or conditions, or the chronic condition called schizophrenia. Appearing to others to be illogical, untrue, delusional, and hallucinary, deviant thought processes are revealed in verbalized tones that have a disjointed, bizarre quality (Cullinan, Epstein & Lloyd, 1983).

Psychotic behavior is viewed by some professionals as indicative of a more "severe" behavioral disorder than is shown by aggressive, disruptive, hyperactive, anxious, or socially withdrawn behaviors as described in the previous clusters (Cullinan, Epstein & Lloyd, 1983). In describing general schizophrenic reactions, Goldenson (1970) refers to thought disturbances as loose associations, disconnected, fragmented, or perverted thoughts, a "poverty of ideas," and an inability to deal with abstract concepts. Other descriptors of deviant thought processes are that they can contain an incoherent quality, can be perseverative, obsessive, phobic, contain a rapid flight of ideas, and/or can be hypochondriacal (Noyes & Kolb, 1963).

CLUSTER IV--Significantly Deviant Behavior Patterns (Autistic-like)

In the past, infantile autism had been considered as a psychosis originating in early childhood (Samuels, 1981). However, recently it was taken out of the federal administrative definition as "seriously emotionally disturbed" and placed within the federal disability category of "other health impaired" (Cullinan, Epstein & Lloyd, 1983). Its causation is unknown but a currently favored hypothesis suggests that it is a result of some severe physiological abnormality.

Deviant behavior patterns described as autistic-like include behaviors in the interpersonal realm such as the lack of "attachment and bonding" to others, the development of few or no social skills, and an indifference to parents, siblings and others. Behaviors in the language area considered autistic-like include severe delays in language development (often to the point of never developing useful speech), echolalia, pronoun reversal, poor language comprehension, and difficulty in dealing with symbolic language usage and abstractions. Also frequently shown by children whose behavior is considered autisic are an obsession with preserving sameness in the environment, in routines and/or in activity; perceptual disturbances such as under and/or over reaction to stimuli; and stereotypies such as repetitious rocking, arm movement, etc. (Cullinan, Epstein & Lloyd, 1983).

Autism is a severe disability because of its early onset (in the first 2 1/2 years from birth) (Cullinan, Epstein & Lloyd, 1983); it is most properly regarded as a developmental disability. Its treatment ordinarily will involve many disciplines, with special education coordinated with neurological and psychiatric treatment.

Cross/Across Cluster Patterns

Some children exhibit a preponderance of characteristics from only one of the above clusters, but most show behaviors that have been grouped in several. Because of the continuum concept mentioned earlier in this chapter, all but the rarest of children will have in their behavioral repertoires elements of various cluster characteristics.

The DSM III recognizes and makes allowances for a multiaxial approach to diagnosis. Likewise, the Iowa definition of behavorioral disorders permits a multi-cluster approach to describing the behaviorally disordered child. Used appropriately, the Iowa definition will cover the wide range of behaviors characteristic of behaviorally disordered children.

PROGRAMMATIC CONSIDERATIONS IN RELATION TO CHARACTERISTICS

The cluster and cross cluster characteristics of behaviorally disordered children, as well as the intensity or extent of deviation, the pattern of behavior, and developmental characteristics present, should be taken into account when planning interventions and determining programs. Programmatic decisions, to be most effective, must aim at the implementation of proven or promising strategies tailored to specific characteristics and/or syndromes. Environmental and structural factors will enhance or confound successful programming outcomes.

The intensity or severity of the behavioral disorder experienced by a given child, will, in practice, impact on actual treatment methodologies as well as both the practicality and the efficacy of various programming options. The availability of internal and external resources, the options available to educators and support personnel, will be challenged almost in direct proportion to the severity of the disability being considered.

How mixed or matched the participant children in a program are with respect to their various characteristics must be considered at all stages of program development and incorporated into placement decisions. There are few, if any, rules to guide the decision makers, save the traditional age parameters: preschool, primary, intermediate, etc. However, the growing body of clinical experience with behavior disorders programming can help. Where experience offers no guidance, a trial and error approach may need to be used. Should the child with autistic-like symptoms be placed in a program with relatively mild withdrawn children? Should children with conduct or acting out characteristics (Cluster I) be programmed along side those with severe inhibited or significant anxiety characteristics (Cluster II)? Try the placement, if it appears reasonable. Change it if it does not work out.

The environment within which the educators and support personnel function will obviously impact on both programming and certification decisions. Rural, sparsely populated areas will have difficulty justifying and providing suitable programming for a range of low incidence disabilities. The economic status of an area, its physical resources, its cultural, philosophical, and political orientation will all affect identification, programming, placement, and intervention decisions.

It is not the purpose of this chapter to explore possible solutions to programming dilemmas faced by educators and support staff. Rather, it is to highlight the need for awareness of the interplay between characteristics of the behaviorally disordered and the provisions of effective, viable programming. Traditional and innovative programming to deal with the challenges faced by all those who serve is a subject for another book.

CAUTIONARY NOTES

Children's behavior must not be viewed as though it occurs in a vacuum. It is possible to describe behaviorally disordered children as a group only if their behaviors are analyzed in broad perspective, with consideration given to the range of the variables impinging on them. To dissect or disassociate behaviors from circumstances, from background or culture, from physiology and developmental status, from the environment out of which the child emerges and that in which it must cope, is to do a disservice to those children and to society.

Human beings, their behaviors and their interactions with their environment, are complicated by almost every theory and account. While advances are being made in diagnosis, perfection in the diagnostic realm is elusive and finding an acceptable method of identifying emotionally disturbed or behaviorally disordered behaviors remains a problem (Gajar, 1980). While there is fair consensus about the extremes of most behavior, there remains considerable controversy over the import and impact of subtleties and behavior from both extremes on the continuum.

Until a computerized, transistorized, automatic, fail-safe behavior analyzer becomes available, professional judgment with an element of subjectivity will play a large role in the identification and placement of behaviorally disordered (or whatever else it is decided to call them) children. That biases and prejudices of the practitioners and informants can have a significant impact on judgment (Marwit, 1978; Rich, 1975) must always be considered. However, subjectivity, tempered with as much objectivity as possible and a liberal dosing of ethics, professional expertise, and sound clinical judgment, is the best we can give to the task at present. Finally, the politics of it all--decisions made in every aspect of dealing with behaviorally disordered children, from diagnosis, to programming, to terminology, to research, ad infinitum, will forever be subject to political forces—priorities for resources, bureaucratic convenience, individual self interest, the in vogue concerns of the public, and the institutions. All these and more will influence how the educational needs of behaviorally disordered children are addressed. The only all-encompassing safeguard against potential harm from negative forces is constant awareness of their existence and an enduring vigilance for the welfare of all children. The physician's admonishment "if you cannot help, at least do no harm," may be the best rule to guide practice, given the limitations on our present knowledge.

SUMMARY

Behaviorally disordered students are a multi-faceted group. The general characteristics described in this chapter are varied across and within children so designated. The Iowa definition speaks to criteria for behavioral disorder certification such as "...situationally inappropriate behavior...which deviates substantially from what is age appropriate," and which significantly interferes with either the learning process, the child's interpersonal relationships, his or her personal adjustment, or a combination of these consequences.

Iowa's definition elaborates four major clusters of behavior characteristics. These clusters group behaviors in ways which should influence programming and intervention decisions. The cluster paradigm should aid practitioners in describing children and relating special programming to their needs.

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Chapter III

DECISION MAKING: ELIGIBILITY AND PROGRAMMING OPTIONS

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(It should be noted that Al Fleider and Jeff Grimes contributed to the original concepts incorporated in this chapter.)

Chapter III

DECISION MAKING: ELIGIBILITY AND PROGRAMMING OPTIONS

Frank Wood

Child and adolescent behavior can be considered on continuums from typical to atypical, predictable to unpredictable, acceptable to unacceptable. Behavior milestones in human development can be anticipated and understood, even though particular behaviors may be "socially unwanted." Three examples: Elementary children may establish patterns of friendship that are reinforced by verbal or physical scuffles to demonstrate loyalty. As young people work towards mastery of educational tasks, they form differing concepts of self-adequacy. Some develop coping patterns of trying harder. Others give up quickly. Finally, an adolescent striving to establish a unique sense of identity may experiment with different behaviors in the same situation, causing confusion for the adult observer.

Which behavior reflects the normal variability to be expected? Which is indicative of a behavioral disorder? Such decisions cannot be made easily. Indeed, specific student behaviors cannot be definitively categorized as either "behaviorally disordered" or "normal." After considering the social context and what can be inferred about the thoughts and feelings of the student whose behavior we have observed, we can only make a subjective judgment about its degree of disorder or normality. Each judgment must be made individually. Factors like the intensity, frequency, and duration of the behavior of concern must be weighed, but there is no magic formula into which we can enter them. Sound professional decisions are the outcome of hard, thoughtful work by those who make them.

Yet, decisions about the seriousness of disordered or disturbed student behavior must be made every day. In many cases, they establish the potential eligibility of students for special education services to assist them to continue their educational progress in spite of their disabilities. Equally often, they deny students those same services. You will help make many such decisions during your professional career. If we cannot provide you with a formula for making your decision making easier, can we provide some other assistance? We think that we have provided such assistance in the form of an outline of the decision making process in which the key decisions to be made following analysis of data collected using the procedures described in the manual are highlighted. While the burden of responsibility for the final eligibility or placement decision cannot be taken from your shoulders, you will feel more confident that you have made the most appropriate decision for an individual student if you take care to make your decision, or more accurately, the decision of the team of which you are a member, on each of the issues in the outline a matter of record.

LEGAL MANDATES, STUDENT NEEDS, AND STUDENT ELIGIBILITY

Public Law 94-142, the Education for All Handicapped Children Act, established the right of all students, regardless of the severity of their disabilities to a free, appropriate public education. Like all major legislation, the exact meaning of its language, "the intent of Congress," has been a matter of dispute. The first effort to clarify this meaning occurred through issuance of the implementing Federal Regulations, including the written definition of "seriously emotionally disturbed" discussed in an earlier chapter. Later efforts have included amendments to the regulations and interpretations made in administrative hearings and by the federal courts regarding the applicability of the law to individual cases. While all of these interpretations offer some guidance to those who must make later decisions, the most important are those made by the U.S. Supreme Court. To date, only one Supreme Court decision has dealt with issues related to eligibility and appropriate placement.

P.L. 94-142's Mandate

This opinion is that of the majority in Rowley (1982). A summary of the relevant arguments will be given here. For details, the opinion itself and more extensive commentaries can be consulted. The student on whose behalf the suit was brought was Amy Rowley. Amy is deaf. The court record describes her behavior as appropriate for her age, so the issue of possible behavioral disorder is not addressed in this case. Here, the Justices were concerned with the amount and type of special services which a school district is obligated to provide to a student with Amy's disabilities. Amy Rowley was placed for most of the school day in a regular classroom. She was showing gains in achievement in her school subjects. However, it was the contention of her attorneys that she would make more rapid progress if a manual interpreter for the deaf were present in the classroom to assist her in understanding the teacher's directions and explanations. The school district's attorneys argued that the charge of P.L. 94-142 to local school districts that assistance must be provided so that students with special needs are able to make progress in school is limited. Once they are making progress, the school's responsibility has been fulfilled. Their district, they argued, should not be required to pay the costs of an "optimal" program for Amy, who was clearly making progress under the existing conditions in her classroom. The majority of the court agreed with the school district. In their words, the intent of Congress in P.L. 94-142 was only "to bring previously excluded handicapped children into the public education systems of the States and to require the States to adopt procedures which would result in individualized consideration of an instruction of each child" (Education for the Handicapped Law Report: 3 EHLR 553:662). The "basic floor of opportunity provided by the Act consists of access to specialized instruction and related services which are individually designed to provide educational benefit to the handicapped child" (Education for the Handicapped Law Report: 3 EHLR 553:667). Access to and benefit from special education are the key concepts.

The Rowley decision provides part of the context for current decisions about the eligibility of students with behavioral disorders for special education services. An appropriate educational placement will be one from which a behaviorally disordered student receives educational benefit. The law and implementing regulations also make it clear that, in addition to supporting student progress, the placement should be in the least restrictive environment. Here, decision makers may find themselves confronting a dilemma. Suppose a student with behavioral disorders is making progress in a regular classroom, but his/her behavior appears to be interfering seriously with the teaching/learning environment for others. Can the removal of this student from the classroom be justified? Or, to present another difficult decision situation: Suppose a student with behavioral disorders is making progress in his/her current placement but might make better progress if receiving counseling about school behavior from a community mental health clinic? Is the school district responsible for paying for such services? Or, in a variation on the second case, is the district obligated to provide the additional counseling services if the student is failing to make progress in the current placement?

In the first case, the special education team would appear to be justified in placing the disruptive student in a more restrictive environment provided that he/she continued to progress at the same or a higher rate. If the student's progress lessened, the placement would appear open to challenge in light of the Rowley decision's emphasis on educational benefit. With regard to the first variation of the second case, the Supreme Court majority appears to take a conservative position about the school district's responsibility to fund related services that might facilitate a student's progress. The opinion did not directly address the thorny issue of a school district's possible responsibility to provide psychotherapy as a related service. Let us drop this particular issue for the moment. We will return to it later. In the second variation, where the student is failing to make satisfactory progress in the best special placement available, opinion appears to be divided at present. The Court in Rowley did not concern itself with a hypothetical no progress or inadequate progress situation, and the Supreme Court has not addressed this issue in another case. However, this case highlights the complexity of the decision whether or not to provide related services.

Psychotherapy as a Related Service

The regulations implementing P.L. 94-142 state that school districts are responsible for providing "related services" when these are required "to assist a handicapped child to benefit from special education." These include "psychological services" and "counseling services, and medical services for diagnostic or evaluation purposes" (45 CFR Reg. 121a13, as cited in 42 FR 42479, August 23, 1977). Based on a careful review of federal and state court decisions, Office of Civil Rights hearings to determine rights guaranteed by S.F. 504 of the Rehabilitation Act of 1973 (P.L. 93-112), and policy statements issued by the federal Office of Special Education Programs, Grosenick, Huntze, Kochan, Peterson, Robertshaw, and Wood (1982) concluded that the Office of Civil Rights and "the state of federal judiciary consistently find psychotherapy to be a related service within the meaning of the Public Law 94-142 regulations" (p. 25), while the Office of Special Education Programs has avoided making a clear statement of policy, usually referring to the language of the law and the regulations without additional comment. To date, the U.S. Supreme Court has not accepted a case where the provision of psychotherapy as a related service for a student eligible for special education because of behavioral disorders or emotional disburtance was at issue.

Returning to our pair of examples, if we generalize from the line of thinking shown in Rowley, it seems likely that the Supreme Court would not consider the school responsible for providing psychotherapy in the first variation—for a student who was already making progress academically without it—even if that student was receiving other direct or indirect special education services now or in the past. With regard to the second variation, if a student is failing to make progress despite receiving special services because of behavioral disorders or emotional disturbance, and the Court were convinced that the educational benefit received from the available placement would increase if psychotherapy were provided, they might decide that the school district should provide it. Already, several lower court judges have said they find it impossible to separate the potential educational benefit to be received from special education from that which might be received from psychotherapy (Grosenick, et al., 1982). Smith (1981) argues strongly that schools should not be required to pay for psychotherapy as a related service. Some parents have fought to obtain it as part of the services provided to their students. The matter awaits resolution.

BD Students Who Need Special Services

The complexities of the law itself and the failure of interpreting comments made on it in regulations and court decisions to clarify completely the more difficult points at issue, helps explain the difficulty we face in estimating the number of students who should receive special services because of their disordered behavior. A good firm estimate, based on an objective standard, would help special educators decide whether or not their district's decision making procedures were including or excluding too many students from the group potentially eligible for service. But, for this area of disability, estimates of need range widely.

Some writers (Grosenick & Huntze, 1980; Kauffman, 1984) have argued that too many behaviorally disordered students go unserved. Long (1983) presents data which she interprets as demonstrating that "that severity label placed on any given child's condition by districts in (her) sample was related to the level of specialized service available. ED children residing in school districts with above average per capita income, higher school budget expenditures, and a higher proportion of mental health professionals were found to receive more specialized and expensive services" (p. 52). Long's data were obtained through telephone interviews with special education service providers, however, so we lack an independent determination of the number of students who may have been undetected, overserved, or underserved in the reporting districts. Her conclusions about the relationship of incidence to service availability must be considered speculative rather than definitive.

Long's study is one of the most recent to attempt to cast light on the important issue of potential need for services in this field. The "traditional" estimate of 2 percent of the school population as seriously emotionally disturbed is based on little more than that—tradition (Wood & Lakin, 1979). Bower's (1969) estimate of 10 percent was shown by Salvia, Schultz, and Chapin (1974) to be an artifact of this screening procedure, which directed teachers to nominate the three most behaviorally disordered students from districts where the average class size was 30 students. After reviewing the major studies of incidence, including the few that presented data on incidence in the same sample followed over time, Wood and Zabel (1978) concluded that "Based on the high range incidence figures, the overall number of students viewed by their classroom teachers as problems at any one time can be estimated as 20-30 percent of the general school population. Only a small number of this group, probably close to the low incidence figures of 1.5-3 percent, continue to arouse concern by their behavior throughout their years in school. Adjustment problems of clinical or educational concern persist for varying, shorter periods of time, often only a few months, for the larger group" (p. 49). In any particular school district, the number of students served under the behavioral disorders label is probably determined by the interaction of economic and political factors with demographic factors.

Long (1983) mentions two observations of practice in 25 school districts in Maryland and the District of Columbia to support her view that her reported incidence figures were likely to be underestimates of true population needs. One finding was that respondents believed that parents, teachers, and other professionals are reluctant to label students as emotionally disturbed. If one may assume that some of the same reluctance exists when the label used is "behaviorally disordered," similar underestimates would be predicted in Iowa. A second finding was that no districts reported the use of screening procedures to identify potential candidates for special services as emotionally disturbed. In the absence of systematic screening, those students who are noted as being in need will tend to be only those whose disabilities compel attention, those who are disruptive and disturbing to teachers and other primary referral sources. Until more solid evidence is available, the traditional estimate may be as good as any available.

Mental Health Needs and Educational Needs

Most discussions of the needs of students with behavioral disorders for service fail to clarify what kind of service is implied. Screening procedures such as Bower's (1969) are addressed to the general mental health needs of children, needs which for all their importance are not the same as some children's needs for special education services which may result from their mental health problems. Not all students with behavioral problems that justify concern from a mental health perspective also have severe educational problems. Special education decision makers should be careful to make this differentiation. The majority opinion in Rowley suggests that the key issue is the need for special education to assist the student to make educational progress. For special educators, the target population is those students who are failing to make educational progress because of their behavioral disorders. Districts are certainly obligated to provide appropriate special education services for this group, and they may be obligated to provide noneducational related services to students in this group who fail to make progress academically despite all efforts to provide effective special education programs for them. The target population would not include students who might benefit from noneducational services for behavioral disorders but are able to make progress in school without special education services. Our advocacy for this group of children should not be focused on the school so long as our mandate for service and funding is P.L. 94-142.

Bias in Educational Decision Making

The previous discussion may have suggested that special education decision making is always a carefully controlled, rational process. There is a considerable body of evidence to suggest this is often not the case. Ysseldyke and Algozzine (1982) are among those who have documented the widespread occurrence of decision making in which data are applied selectively to support rather than test and shape the viewpoint of the decision making team. Poplin's (1984) comments, based on familiarity with the literature acquired during her tenure as editor of the Learning Disability Quarterly, reflect her frustration with our inability to define "learning disability" objectively, but they are easily generalized to apply to "emotional disturbance" and "behavioral disorders" as well. She concludes, "There is no evidence that our supposedly objective criteria are more effective than simple teacher referral. Studies have shown that we generally use such 'objective criteria' for including or excluding the students we intended to include or exclude anyhow" (p. 132). Our task is to make sure that decisions about the eligibility and placement of Iowa students with special needs is based on something better than teacher judgments alone. Opinions must be backed up by data if bias is not to play a major role in our decision making.

Students from families with low social status in the community or who are members of racial or cultural groups who have traditionally experienced discrimination in our society are probably more "at risk" for the labels "emotionally disturbed" and "behaviorally disordered" (Wood, 1981). Evidence presented in the case of Isaac Lora, et al. v. The Board of Education of the City of New York, et al. revealed that procedures followed by New York City special educators created a situation that suggested such discrimination was occurring. Judge Weinstein's final order in this case (1984) states, "After extensive evidence taken in court, visits to schools and examinations of the literature in the field, the court held that the process of evaluating students to determine if they should enter special day schools (for the emotionally disturbed and behaviorally disordered) violated the students' statutory and due process rights. It found that the system was racially segregated and discriminatory" (p. 2). The opinion specifies the procedure which the New York City Public Schools agreed to follow to end the discriminatory practices which led to substantial overreferrals of black and Hispanic youth for placement in educationally-inferior, segregated settings. The procedures recommended in Judge Weinstein's opinion are similar to those described in this manual. The procedures require the collection and use of a variety of data by teams charged with making eligibility and placement decisions. The teams are further charged with documenting the basis for their key decisions regarding the appropriate placements for individual students. By following the recommended procedures, Iowa special educators can minimize the influence of bias on their eligibility and placement decisions.

STEPS IN QUALITY DECISION MAKING

The following is an expanded discussion of Figure 1 (page 51), which depicts the major steps in the process of determining eligibility for BD services and making related placement decisions. Those decisions where written documentation of the data considered and the procedures following is especially important have been asterisked. Appropriate decision making will require application of the concepts and data-collection procedures presented in this manual. Application of the five steps assumes availability of a service delivery system based on the concept of a "cascade of service" (Deno, 1970; Reynolds, 1962), broad at the top where all students are potentially included, then narrowing sharply toward the base where the special needs of the smaller number (1.5-3 percent) of most severely behaviorally disturbed students are matched against the most comprehensive special service options. The model's underlying assumptions are that each student will receive that intensity of service which will enable him/her to benefit from the educational experiences provided while remaining in the socially least restrictive environment compatible with those service needs.

The due process procedures to be followed in all special education decision making are spelled out in detail in the Iowa Rules of Special Education (1985). Reader knowledge of those rules is assumed in the discussion that follows. The emphasis here is on special issues that may arise when eligibility or placement decisions require the use of the label "behavioral disorders."

Step I: Classroom or Home Adjustments

When a teacher, parent, or other significant adult is disturbed by a student's failure to make progress in school, they usually make an effort to change that behavior. Typical interventions used when the cause of the problem is believed to be social or emotional include verbal counseling about the behavior expected, rewards for compliance, and verbal reprimands, denial of privileges, or other punishments for noncompliance. In some cases, the disturbed adult may decide that intervention is not necessary because the effort required for effective intervention exceeds the benefits anticipated from a change in the student's behavior or because the behavior is viewed as transitory, related to the student's present level of maturity or to situational factors.

At this level of intervention, outside assistance is not being sought. The teacher or parent manages the situation according to their own judgment about what is appropriate, using the resources immediately available to them, then considers the result. If satisfactory or at least tolerable student progress results, no further action is taken. Further action is necessary if concern about the problem persists.

Step II: Pre-Referral Activities

Referral for special education services requires that a formal disability label be tentatively applied to a student—we might say that following formal referral, a student is "guilty until proven innocent." Therefore, to avoid premature and unnecessary stigmatizing of the student by negative labeling, efforts shall be made to resolve the problem through informal use of the resources available in the school. Personnel who might be directly involved at this stage include the principal and counselor as well as the teacher. AEA support staff such as the psychologist, social worker, and consultant can be asked for suggestions. Informal contact with the home is also appropriate at this stage. Throughout, the regular classroom teacher retains the major responsibility for information gathering, intervention planning, and evaluation of results. However, resources are sought more broadly than at Step 1.

Plans at this and the other steps are designed keeping the available resources in mind. For example, at this level, spending one hour a day with the resource teacher is not an appropriate plan. However, earning the reward of helping the physical education teacher straighten up the ball closet by completing assignments on time and without argument with the teacher is an appropriate plan.

Suitable interventions at the pre-referral stage may involve contracts, token systems, home-school report cards, changes in the scheduling of activities, or the direct teaching of social skills in the classroom. The teacher may draw on all sources of assistance that do not require a formal labeling of the student as behaviorally disordered.

Once the plan has been implemented and a suitable period of time for it to demonstrate its effectiveness has passed, it is time for evaluation. The criterion against which success is judged is whether the intervention that can be planned and carried out with the informal support of the school personnel mentioned, and perhaps that of the student's parents, enables the student to begin to benefit from the present educational placement. If the answer is "no," we move to Step III.

Step III: Referral for Special Education Services--Eligibility

Except in unusual cases where the resources that can be mustered at Step II are obviously insufficient to assist the student, more than one pre-referral intervention will have been planned and carried out without adequate results before the decision is made to initiate a formal request for special education services. The teacher will usually make such a referral only after consulting informally with building and AEA personnel who have been involved in pre-referral activities.

A formal referral requires parental consent. Once consent is obtained, and the regular classroom teacher has completed the appropriate referral forms, the responsibility for planning and carrying out a formal assessment so that a decision may be made regarding student eligibility for special services passes to the multidisciplinary special education team who act with the concurrence of the parents. Note that at this stage, the responsibility for intervention remains with the regular classroom teacher. Efforts to resolve the problem of the student's failure to progress in his/her present placement, like those described as appropriate for Step II, continue through Step III and until an alternative placement occurs.

Following the obtaining of parental consent, the special education team begins its work. Preliminary consultation with the person initiating the referral takes place, records are reviewed, questions that must be answered in the course of determining eligibility and possible alternative placement are tentatively phrased to guide decisions about the data to be collected. The Iowa definition of behavioral disorders requires the collection of specific behavioral data such as setting analysis information, behavior ratings, observation records, home/family interaction, social functioning data, clinical interview information and more comprehensive information such as health history data and academic assessment information. Alternative methods for collecting such behavioral information are discussed in this manual.

Quality decision making is dependent on the extent to which the assessment plan adequately covers the behaviors of concern. As the specificity of the questions to be answered is refined, the probability that the assessment will yield useful information increases. Avoid the random collection of data which may match the categories specified but is not clearly related to the problem presented by this individual student's failure to achieve. Collecting the same information for every case is an indication of poor professional work. A purposeful multifactored assessment is the goal. As the assessment activities are planned and carried out, consideration must be given at all times to the cultural, linguistic, physical, and developmental characteristics of the target of assessment, whether students, parent, or school personnel. Measures must be either free from bias, or the presence of unavoidable bias must be noted and explained.

Several important questions must be answered by the team, which now includes the student's parents, using the information collected through the assessment process. One fundamental question should recur as each of the other questions is addressed: Does the team have the right data in sufficient quantity and quality to permit a sound decision to be made? The first question to be answered with regard to the eligibility decision is whether or not the student is benefiting from the present placement. If the answer is no, and the data show that the student's behavior is highly disruptive to the learning and social climate in the present placement, the student is eligible for special education services. If the answer is yes, but the data show the student's behavior to be highly disturbing to the teacher and other students or indicative of great inner distress, the student may be considered conditionally eligible for special education services, the condition being that any services provided to alleviate the distress being experienced by the student or others permit a continuing rate of educational progress equal to or greater than that observed in the present placement. In considering each question, the team puts information about the target student's behavior in context by asking whether it differs sufficiently from that of the peer group in frequency, intensity, or duration to justify focusing in on his/her special needs. These major questions and related subquestions are shown in Figure 1 (page 51).

Step IV: Referral for Special Education Services—Placement

As already indicated, it is difficult to separate the eligibility and placement decisions. While they are closely linked, however, a decision on the eligibility issue, which is based on evidence about the student's functioning in the present placement, should always precede the decision about placement, which rests on a prediction about future functioning in an alternative placement. "Placement," as used here, may refer to physical environment, instructional or behavior management programs, supportive services, or any combination thereof. Supportive services may be direct, as in the provision of counseling for the student, parents, or family, or indirect, as when consultation is provided on designing, implementing, and evaluating interventions. Instruction may be delivered through resource teacher programs, special classes or special schools, either within or outside the school district.

The key placement question is where the student can be placed so as to benefit educationally as much or more than in the present placement while remaining in the least restrictive physical and social environment consistent with this educationally appropriate placement. The need to make the eligibility decision first results from the school's responsibility to provide an appropriate placement for any student who needs it. Decisions about eligibility should not be contingent on the availability or lack of availability of a suitable alternative placement. A student should not be left in a highly restrictive special school program because the district lacks a suitable transition support program in the regular school. Or, a student should not remain on homebound instruction because the only special class available is already filled. Neither of these placement decisions is acceptable if the student would benefit educationally from the less restrictive setting. When a student is eligible, the district has the responsibility for finding or creating an appropriate alternative placement or service.

Step V: Implementation of the Special Education Plan

The eligibility and placement decisions are summarized in the individualized education program (IEP), which is implemented only after the parents have indicated their approval. The plan should provide for both on-going and periodic evaluation of its benefit to the student. Appropriate data should be collected and reviewed regularly by those school personnel providing direct service to the student, and periodically, by the entire team and the parents. Guidelines should be prepared for those providing direct service that permit them to change aspects of the program short of changing the placement itself.

The data collected may suggest to the direct service providers that a reconsideration of eligibility and placement is warranted. If this is necessary, the entire team should be brought together to address the questions listed in Steps III and IV.

Exceptions that Justify Shortcuts in Procedure

The procedure outlined may appear tedious to some. However, shortcuts must be justified by the team in writing. Only student need is an appropriate reason for a shortcut. For example, the intensity and frequency of occurrence of a student's severe problem behavior may justify moving at once to Step III. Examples would be the problem behavior highly disturbing to others that indicates severely disordered thoughts or feelings or threatens injury to self or others. Note that the exceptions only justify bypassing Steps I and II. There can be no exceptions in the development and implementation of appropriate assessment plans and the making of careful decisions regarding eligibility and placement.

Regarding the areas of data collection required in the Iowa definition of behavioral disorders, it should be noted that some flexibility is allowed staffing teams. The definition states:

> If it is determined that any of the areas of data collection are not relevant in assessing the behaviors of concern, documentation must be provided explaining the rationale for such a decision. Such documentation will be reviewed and maintained by the director.

The intent of this clause is to allow for professional discretion in those unique circumstances where a particular area of data collection would not appear appropriate. However, even in these circumstances, the staffing team must be prepared to defend the rationale for such a decision.

Figure 1

STEPS IN QUALITY DECISION MAKING

STEP I: Initial Classroom or Home Adjustments

Entry Decisions:	-Is the student's behavior sufficiently disordered that intervention is necessary? (Decision maker: The person(s) disturbed by the behavior, teacher, parent, etc.) -If "yes": An intervention is planned by the person(s) disturbed by the behavior. -If "no": No intervention is undertaken.
Procedures:	-No formal referral is made. -Suggestions may be sought informally from others. -Efforts to change the behavior(s) of concern are implemented primarily by the person(s) directly concerned.
Exit Decisions:	-Have the initial classroom or home adjustments applied been effective in assisting the student to resume making educational progress? (Decision maker: The person(s) disturbed by the behavior, teacher, parent, etc.). -If "yes": No further action is necessary. -If "no": Move to Step II.

STEP II: Pre-Referral Activities

Entry Decisions:	-Same as exit decisions for Step I.
Procedures:	-Teacher or parent brings student's problem behavior to the attention of others in the school who may be able to provide assistance. Possible resource persons at this step would include other teachers, the principal, counselors, and area education agency staff such as consultants, social workers, or psychologists. -No formal referral procedures are initiated at this point in the process.

(Figure 1 continued)

-No special education services other than informal consultation are provided at this time.

-The person(s) directly concerned about the problem behavior direct intervention efforts. Either direct or indirect service may be supplied by home, community, or other school personnel.

Exit Decisions: -Have the Step II interventions applied been effective in assisting the student to resume making educational progress? (Decision maker: The person(s) disturbed by the problem behavior, teacher, parent, etc., in informal consultation with others who may have been contacted regarding the problem.)

-If "yes": Decide which of the following alternatives is most appropriate: (a) continue the Step II intervention or (b) return to a Step I intervention as a less restrictive level of intervention or (c) discontinue all special intervention as the least restrictive level of intervention.

*If "no": Decide which of the following alternatives is most appropriate: (a) Seek other Step II intervention strategies as the least restricted alternative or (b) move to Step III.

STEP III: Referral for Special Education Services--Eligibility

Entry Decisions: -Same as exit decisions for Step III until a formal referral is made.

-Once a formal referral is made: Is the student's problem behavior sufficiently severe to justify development of a formal assessment plan? (Decision makers: Area education agency staff charged with screening referrals in consultation with person(s) directly disturbed by the student's behavior, those who have provided intervention advice or assistance at Steps I and II, and other area education agency staff whose advice may be helpful.)

*If "yes": Proceed to implement Step III procedures.

(Figure 1 continued)

*If "no": Require additional Step II interventions. Extend offer of informal assistance from area education agency staff.

Exit Decisions: -Is the student's behavior sufficiently disordered that special education services are necessary if he/she is to benefit from education? (Decision makers: The multidisciplinary team with the concurrence of the parents.)

*If "yes": Proceed to Step IV.

*If "uncertain": Review the assessment plan and plan for the collection of missing or additional information. Schedule continuation of meeting of team for time after additional assessment has been completed.

*If "no": Require additional Step II interventions. Extend offer of informal assistance from area education agency staff.

STEP IV: Referral for Special Education Services—Placement

Entry Decisions: -Assumes a "yes" on exit decisions for Step III.

Procedures: -Having documented its decision that the student is sufficiently behaviorally disordered to require special education services to benefit from education, the multidisciplinary team proceeds to determine an appropriate alternative to the present placement. A coordinator for the placement planning phase is designated.

-Although ongoing Step II interventions are continued during this time, the multidisciplinary team and the parents must now approve any major changes in placement or intervention strategy.

-The alternative placement should be one in which the student is expected to show improved educational progress. It need not require direct special instruction but may include, or consist primarily of, related or supportive services.

-The team may find it necessary to take time as permitted by due process requirements to

(Figure 1 continued)

investigate a variety of potential alternative placements so as to determine the best match between placement and student needs.

-The final report of the team on its placement recommendation should specify the data on which the selection of a suitable alternative placement was based. Those responsible for providing direct and indirect service and monitoring implementation of the plan should be named. Data to be collected for monitoring and evaluation purposes should be specified. A timeline should be presented showing the date at which the effectiveness of the alternative intervention(s) will be reviewed.

*Parents must concur with the alternative placement plan.

Exit Decisions: -Has the team developed a plan for an alternative placement for the student with behavioral disorders that promises educational benefits for the student, is in the least restrictive setting possible given the nature of the student's disability, and is feasible to implement given the resources of the school district? (Decision makers: The multidisciplinary team with the concurrence of the parents.)

*If "yes": The coordinator named by the team directs implementation of the plan.

*If "no": The team should review the possible reasons before deciding on a new course of action. Does the team lack information on which to base its decision? (Solution: Collect needed information.) Is there a difference of opinion between the members of the team and the parent(s)? (Solution: Continue discussion and negotiation, with informal outside assistance if desired, or move to next level of formal due process conflict resolution procedures.) Does the district lack resources needed to implement the selected alternative option? (Solution: Inform appropriate administrators of need for additional resources.) (These are suggestions for meeting some problems often encountered at this step.)

(Figure 1 continued)

STEP V: Implementation of the Special Education Plan

Entry Decisions: -Assumes a "yes" on exit decisions for Step IV.

Procedures: -Full responsibility for oversight of the student's educational process now rests with the multidisciplinary team, although direct services may continue to be provided through regular education personnel. Implementation of the placement plan is managed by the coordinator named by the team. The coordinator is also charged with assuring that the data needed by the team to evaluate the effectiveness of the alternative placement will be analyzed and organized for use at the designated time.

-Direct and indirect regular or special services as specified in the plan are provided to the student in the least restricted educational environment feasible.

Exit Decisions: -Has the alternative placement plan been implemented? (Decision makers: The multidisciplinary team with the concurrence of the parents.)

*If "yes": Proceed to consideration of the second exit question for Step V.

*If "no": The team should review possible reasons. Are essential resources missing? (Solution: Inform administrators of need to seek additional resources.) Are resources available but implementation of plan is faulty? (Solution: Correct implementation procedure.) Is plan not feasible? (Solution: Recycle to Step III or Step IV as appropriate.) (These are suggestions for meeting some of the problems commonly encountered at this step.)

-Have the interventions applied been effective in assisting the student to resume making educational progress? (Decision makers: The multidisciplinary team with the concurrence of the parents.)

(Figure 1 continued)

*If "yes": Decide which of the following alternatives is most appropriate: (a) Continue the Step V intervention or (b) return to a Step II intervention as less restrictive if it is reasonable to expect that the student will continue at least the present rate of educational progress or (c) discontinue all special intervention if it is felt to be no longer necessary as the least restrictive level of intervention.

*If "no": Decide which of the following alternatives is most appropriate: (a) Recycle to Step IV and develop an alternative placement plan that the team and parents feel offers a better chance of assisting the student to make educational progress or (b) recycle to Steps III and IV, planning to develop a new assessment plan to collect data on which to base a new placement plan.

Note: An asterisk (*) indicates a decision for which a written rationale should be prepared, including reference to the data on which the team based its decision.

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Chapter IV

SETTING ANALYSIS

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Chapter IV

SETTING ANALYSIS

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Setting analysis plays an essential role in the process of identifying students with behavioral disorders. Its inclusion in the definition as an area for data collection recognizes that behavior occurs in situ and should not be viewed or interpreted in isolation. Setting analysis provides a framework for assessment of individual student behavior. There is strong support in the literature for the role of the environment as a determinant of behavior (Anastasi, 1958; Bloom, 1976; Pace, 1969; Skinner, 1971; Stern, 1970); and conversely, for the role of the individual and the group in shaping and reinforcing the environment to create contexts for their behavior (Freire, 1972; Harvey, Hunt, & Schroeder, 1961; Kelly, 1955; Piaget, 1971; Sartre, 1968). A common thread among major conceptual models of behavioral disorders (four of which are discussed in the next section of this paper) is the location of a disability in a "disrupted pattern of human-environment exchanges" (Rhodes & Tracy, 1974, p. 23). Determination of the relative fit of students to their school surroundings is the purpose and role of setting analysis.

A lack of fit may be described as the discrepancy between a student's functioning level and concomitant environmental standards and expectations. Getzels and Thelan (cited in Ghory & Sinclair, 1978) have postulated that a pupil's behavior is guided by that individual's perception of environmental roles and expectations. Deno and Mirkin (1975) emphasized "the need to identify the performance discrepancies that make the special child deviant in the eyes of some significant person or group" (p. 6). Implications for data collection are that assessment of behavior must occur within a student's school setting across time and under a variety of physical, social and instructional environmental variables; and that the standards and expectations of that setting must be identified.

For practical purposes, the scope of the setting must be limited. Deno and Mirkin (1975) stated a justification for this limitation.

> It is the 'smaller society' (the significant others in the individual child's life-space)...that actually mediates the consequences for him, and...average priorities are not always consistent with the individual priorities of the smaller, significantly impinging society (p. 7).

Data gathered within these limitations may be supported by that gathered about individual performance and interpreted against established normative standards drawn from larger populations. Decision making about the meaningfulness of the collective data rests with the practitioner who draws upon a conceptual framework to interpret results.

Regardless of the theoretical background of the practitioner, there is a place for setting analysis in the diagnostic process.

THEORETICAL FRAMEWORK

Psychodynamic Theory

Carl Rogers, building upon the work of Freud, Adler, Dreikers, Maslow, and Fenichel, applied concepts of psychodynamic theory to educational practice (Rhodes & Tracy, 1974). He viewed the teacher as an environmental manager charged with the responsibility of creating an environment for learning. Redl (1966) expanded upon this by describing the environment as a dynamic milieu to be studied as a part of a student's life-space.

> It is important to find out, not only what milieu is and how it operates, but also how we can describe it, how we influence it, and by what actions of all involved it is, in turn, created or molded (p. 94).

Problems do not lie within the child but in the "behavioral suction power of space, props, activities, and time" (Redl, 1966, p. 89). A state of psychic disequilibrium within the student created by a chaotic classroom environment may explain the problematic condition.

Morse (1974) operationalized these concepts in his paradigm for an open system of diagnosis where the practitioner was directed to examine both "stress forces" as influences contributing to the problem and "external support forces" as potential resources for problem resolution.

Learning Theory

Learning theorists hypothesize that most human behavior is learned, and learning occurs because of environmental contingencies. In order to change behavior one must not only identify problematic behavior, but also those contingencies that are supporting it. Skinner (1953) stated that an adequate formulation of the interaction between an organism and its environment must specify three things: (a) the occasion on which the response occurs; (b) the response itself; and (c) the reinforcing consequences (Skinner, 1953). Behavior is learned and shaped by environmental events. The environment is viewed as a set of independent variables that act as stimuli to a student's behavior. The student's behavior is the dependent variable. Anything in the environment can be a stimulus occasioning a response. Behavior analysis incorporates setting analysis by identifying the independent variables (environmental antecedents) as well as the dependent variables (student behaviors).

The fact that social settings interact with and influence persons in these settings supports the need to investigate this interaction. In the 1960's, Bandura's (1969) social learning theory which emphasized the influence of human models on the learning of social behavior became prominent. In this theory, social abilities are viewed as behaviors that are developed and maintained according to the learning principles described above.

Ecological Theory

The view of an individual as an "integral part of several small, but interrelated ecological systems" (Hannah & Midlarsky, 1983, p. 1) is one espoused by proponents of ecological theory. This perspective for viewing human behavior has evolved into prominence over the last twenty years and is based on the assumption that the individual is in dynamic interaction with the environment; therefore, individuals can be understood only in the context of the systems of which they are members (Hannah, et al., 1983; Hewett, 1984).

The ecosystem (an interaction system comprising living things together with their non-living habitats) is the central concept of ecological theory (Feagens, 1974). Congruence between an individual's characteristics and the environment determines the presence or absence of a problematic condition. To maintain equilibrium, people fulfill the requirements of the setting.

Barker based his work on the ecological approach of Kurt Lewin (cited in Gump, 1975). He attempted to encode the environment--describing the life-space of individuals systematically and identifying the forces that operate therein. He labeled environments "behavior settings" and their fit with the individual—"synomorphy." Barker's followers postulated that "only when a child's behavior is analyzed within his various real-life settings could any meaningful help be attempted" (Feagens, 1974, p. 357).

Ecological theory supposes that there are characteristic patterns of behavior that occur in relationship to the physical setting. In addition to anecdotal recording, Gump (1975) developed a system of setting analysis called synomorph mapping. A school day—its spatial and temporal boundaries—is represented by an ever-changing network of synomorphs. The mapping examines this network, its structure and the nature of its parts, breaking it down into: (a) place, facilities; (b) temporal parts (beginnings, interruptions, endings); (c) teacher's role; (d) pupil activities (business, grouping, pacing); and (e) duration. Gump (1975) asserted that "If one could adequately describe this network, ...one could adequately describe schools" (p. 115).

Person-Environment Fit Theory

A specific framework for operationalizing the concepts of ecological theory has been lacking; thus this approach has remained more a point of view than a process for determining the specific meaning and functions of interrelationships between an individual and the environment (Hewett, 1984). The concept of degree of fit between the student and the demands and norms of the environment would appear to have practical implications for this purpose; however, there is a dirth of methodology for measuring the fit (Hannah, et al., 1983). Hewett (1984), recognizing this fact, turned to social psychology and person-environment (P-E) fit theory to develop a model for assessment. He pulled together data drawn from both objective and subjective sources. The model is compatible with behavioral, biophysical, and psychoanalytic approaches which makes it especially useful in settings where the training of professionals represents a multiplicity of theoretical foundations.

"The focus of the person-environment fit (P-E) model is the degree of 'fit' between...environment and...person. As the 'fit' decreases, stress increases and this may lead to physical illness or emotional disturbance. The better the fit, the better the mental health of the individual" (Hewett, 1984, p. 30). The development of stress is viewed as occurring in the relationships between the objective environment (the student's ecosystem — its needs, expectations and support systems) and the objective person (the individual's needs, abilities, learned and inherited characteristics); the subjective environment (the student's perception of each part of the ecosystem, its expectations, needs, and resources) and the subjective person (the individual's perception of personal characteristics and capabilities [self-concept]). Hewett's proposal appears to draw upon the fundamental similarities among several theoretical approaches and to utilize their differences in a comprehensive conceptual framework.

RATIONALE FOR INCLUSION

A contextual approach to assessment is consonant with both operant learning and social learning theory (Bardon, Bennett, Bruchez, & Sanderson, 1976). Several writers and researchers have espoused the assessment of individuals as they interact with and are affected by the environment by analyzing the behavior and defining the antecedents that evoke, reinforce and perpetuate it (Bardon, et al., 1976; Bersoff, 1971; Bersoff & Greiger, 1971; Fischer, 1973; Kuriloff, 1973).

As previously stated, the role of setting analysis in the diagnostic process is two-pronged: (a) it enables the development of situational normative standards and provides the context against which student behavior may be evaluated and analyzed, and (b) it points the way to appropriate interventions. These characteristics, along with their general acceptance by prominent theorists, researchers, and practitioners, legitimize the inclusion of this area of data collection for the identification of behaviorally disordered students under the Iowa definition.

A student identified as behaviorally disordered in the State of Iowa must have exhibited "patterns of situationally inappropriate behavior...(that are) sufficiently distinct from his or her peer group...(and) observed in the school setting for school-aged pupils and in the home or center-based setting for preschool-age pupils". This definition implies that the attendance center of the referred student is the primary arena for data collection, and that the nature of the problem is best understood when the "critical interactive process" (Morse, 1974) between the functioning of the child and the nature of the situational stress is examined.

Consideration of the learning and social environments of the referred student yields information about the situations in which the behavior occurred and the accepted and normative standards for that behavior in each setting. When examined against data about the student's functioning, discrepancies between environmental standards and student behavior can be established. The extent of each discrepancy points to the determination of whether or not the behavior is inappropriate to the situation, "significantly deviant," or "sufficiently distinct" from the peer group. Each of these concepts implies "different" and difference can be defined only in the presence of more than one variable, in this case, the student and the environment.

Behavioral patterns are said to be present when student responses in given situations can be identified as characteristic and/or predictable. In order to determine whether or not reponse patterns exist, behavior must be studied across time and across settings. An historical perspective of the student's behavior can be developed by systematically analyzing student records, by interviewing teachers and parents, and by studying prior interventions and their results.

Only after examining the structure, organization and climate of the learning environment, the social context, and the set of antecedent and reinforcing events in relationship to an individual's behavior, can a match between student need and appropriate environment be made. A study of interventions already tried and their effectiveness coupled with a description of current conditions permits the practitioner not only to identify mismatches between student and environment, but also to determine the appropriate set of conditions to promote growth and change. This factor lends substance to the identification process by tying it to intervention and insuring that that intervention takes place in the least restrictive environment.

PROCEDURAL OVERVIEW

The use of multiple measures in the assessment process will result in a better picture of a student's functioning and a better prediction than any one measure alone (McKinney, Mason, Perkerson, & Clifford, 1975; Wolf, 1966). It will provide more accurate information for planning, implementing, and assessing the success of direct intervention procedures. As stated by O'Leary and Johnson (1979):

> Given the problems of reliability and validity of all our assessment techniques, examiners would be wise not to make sweeping generalizations about a child's behavior on the basis of any single isolated piece of information. Instead, we recommend that the examiner look for convergences and divergences across a number of different data sources. (p. 240)

Divergent approaches to the characteristics of learning environments and a lack of agreement on how to assess them present a confusing picture of methodology to the practitioner (Wiatrowski, Gottfredson, & Swaiko, 1980): Dewey (1968) proposed that "the environment consists of those conditions that promote or hinder, stimulate or inhibit the characteristic activities of a human being" (p. 1). Moos (1973) suggested six dimensions around which to organize research on human environments: (a) ecological, (e.g., climate, topography, physical design); (b) organizational structure, (i.e., size, staffing ratios, and organizational control on behavior); (c) personal characteristics of the environment's inhabitants, (e.g., sex, academic level, socioeconomic level); (d) behavior settings, (e.g., the structure and the behavior of individuals in it at a given time); (e) functional or reinforcement properties of environments; and (f) psychosocial characteristics and organizational climate.

For the purpose of this chapter, dimensions of the setting identified for study will include the learning environment (comprised of physical and instructional elements), social functioning (social competence and peer norms), and selected historical data that includes identification and analysis of prior interventions viewed as a process of checks and balances for the entire assessment process by insuring that a disability does exist and that service delivery takes place in the least restrictive environment possible.

SPECIFIC ASSESSMENT PROCEDURES

Environmental Analysis

The environment has been conceptualized in two ways: the perceptual and the functional/behavioral. The former relies upon "high inference" measures based upon students' perceptions of the classroom climate, while the latter involves "low inference" measures which assess classroom interaction through direct observation.

"High Inference" Tools

Measurement of student perceptions of learning climate has become a popular and oftentime preferred method of environmental assessment (Anderson & Walberg, 1974; Ellet, Perkins, & Payne, 1976; Fox, Luszki, & Schmuck, 1966; Gardner, 1972; Goldberg, 1968; Steele, House, & Kerins, 1971; Welch, 1973). Much of the interest in this approach can be attributed to the work of Walberg (1974) in the Harvard Project Physics in which he determined that students' perceptions of climate variables are good predictors of student learning outcomes. Steele, et al. (1971) purported that pupil perceptions of situations determine their behavior more than the actual situations do; therefore, "high inference" measures are more useful than "low inference" measures in assessing the relationship between components of the learning environment and student behavior. Other advantages of classroom climate instruments are that data is derived from many hours of classroom experience rather than from one or two hours of observation (Gardner, 1972; Goldberg, 1968), and they represent the pooled judgment of all students in a class rather than that of a single observer (Anderson & Walberg, 1974). In addition, strange observers need not be present to disrupt classroom routine as they do with direct observation (Welch, 1973).

"High inference" approaches, although cumbersome, may be useful to the practitioner. The Learning Environment Inventory (L.E.I.), developed by Walberg (1976) contains 105 statements descriptive of typical school classes. The statements are divided into 15 climate dimensions: cohesiveness, diversity, formality, speed, environment, friction, goal direction, favoritism, cliqueness, satisfaction, disorganization, difficulty, apathy, democratic, and competitiveness. The respondent agrees or disagrees with each statement on a four-point Likert-type scale ranging from "strongly disagree" to "strongly agree." The instrument is designed for high school students. My Class Inventory (Anderson, 1973) is a comparable instrument for the upper elementary level.

Pupil perception is the primary focus of a variety of assessment procedures described by Fox, Luszki and Schmuck in their volume entitled Diagnosing Classroom Learning Environments (1966). They present a number of diagnostic instruments covering seven dimensions of a student's setting. Readers are referred to their book for detailed decriptions of each instrument, its administration and interpretation.

For the process of identifying students with behavioral disorders, "high inference" measures may have serious disadvantages. Validity may be questionable for giving insight into the problematic behavior of an individual; and the instruments' capability to provide "explanational" information (that which leads to a better understanding of social-psychological variables that mediate the instructional environment) and prescriptive data (that which is useful in arranging educational environments to optimize outcomes) is suspect (Ellett, et al., 1976).

"Low Inference" Tools

"Low inference" measures assess stimulus and response variables through direct observation. This is an especially useful tool for drawing the interactional relationship between the student and the environment, be it physical, instructional or social. It may be systematic--recording antecedents, behavior frequencies or duration, and consequences--or informal.

Medley and Mitzel (1963) asserted that the most successful use of observation has been with the assessment of the quality of classroom climate. Withall's Social Emotional Climate measured teacher behavior alone. Mitzel and Medley's Observation Schedule and Record (OScAR) (1968) provided a classification system for teacher statements and non-verbal behavior. Flanders' observational systems focused on categorized student-teacher interactions (Flanders, 1975). The question has been raised as to whether or not direct observation systems have potential for describing the totality of the person-environment interactions of the education context (Ellett, et al., 1976). All lead to records that focus on selected setting variables, but among them, procedures that use the systematic recording of antecedents and consequences as well as behaviors have greater potential for taking the setting into consideration than do systems that limit observation to target student behavior only. Deno (1975) expressed concern that when student behavior is the sole focus of the observation, assumptions may follow that that behavior is "the problem." He further pointed out that functional relationships between independent variables (environmental factors) and the dependent variable (student behavior) should be the focus of the observation. A more detailed discussion of systematic observation appears in the chapter on "Pupil Behavior" in this manual.

Informal observation enables the evaluator to describe the setting, and anecdotal recording and checklists are two procedures that seem well-suited to this task. The former permits the observer to paint a sequence of verbal pictures of the student's performance in a given setting and to describe relevant environmental factors that impinge upon that performance. This method is heavily reliant upon the objectivity and skill of the observer in recording the observation and that individual's expertise in interpreting the meaning of relationships between environmental factors and a student's problem behavior.

Checklists provide structure for the observer; however, few are available for use. Reynolds (undated) has developed a scaled instrument entitled "Assessment of Classroom Learning Environment" which is comprised of 16 subscales of classroom environment and practice. Although it was not developed for the purpose this chapter addresses, it appears to have usefulness in this diagnostic scheme. Again, the potential for observer subjectivity needs to be recognized. Neel (1983, 1984) includes in his social skills assessment package a "Social Skills Environmental Analysis Form" that integrates a student's problem behaviors with the setting(s) in which they occur.

"The Environmental Checklist" designed by Miller (1973) and revised (Miller, 1979) is intended as a complement to the total diagnositc process, providing insights into potentially significant physical and instructional environmental factors. Pre-established items guide the observer through an inventory of the learning environment. The practitioner must tailor the instrument to the setting to be described by adding or deleting items and must rely upon personal expertise for interpretation of results because no scoring system is available. "The Environmental Checklist" is useful in the early stages of assessment as an orientation to a student's environment and for identification of potential elements for modification.

Two of the instruments described above are included in the appendices. In addition, a discussion of the significance of a variety of environmental components to student behavior is presented.

Finally, synomorph mapping, touched upon previously, is another form of observation. This method is reliant upon specific training of the observer and has not been used widely for special education purposes. An example of synomorph mapping is included in the appendices. For further information about this procedure, the reader is referred to chapters by Gump, Schoggen, and Kounin in Observation of Pupil and Teachers in Mainstream and Special Education Settings: Alternative Strategies (Weinberg & Wood, 1975).

Interviewing

That performance desires of teachers differ significantly from specified performance goals was determined through experience by Deno and colleagues associated with the Seward University Project (Deno & Mirkin, 1975). A source of stress for students is in the mismatch between environmental expectations and personal attributes (Hewett, 1984). The expectations of significant persons in the student's school setting may be obtained through interviewing or by their completion of rating scales designed to measure child competencies according to their expectations for students in their respective settings (Hannah, et al., 1983). A variety of individuals drawn from a variety of school settings (e.g. teachers from different classrooms, lunchroom and hall monitors, playground supervision, etc.) should serve as data sources. The difference, then, between identified environmental demands and ratings of the student's competencies reflects the degree of fit of person to environment.

Direct observation of the teacher in interaction with a referred student and classmates is recommended as a follow-up to an interview in order to verify these expectations. Information about expectations derived through the interview, combined with that obtained about peer-group norms (discussed in the following section), and verified through systematic observation may become target behaviors for systematic observation of the individual student. A sample of a form designed by Sargent (1982) is in the appendices. The setting is identified, behavioral standards of the setting are listed, and the behavioral responses of the student that do or do not meet these standards are tallied.

Social Functioning Data

A most useful construct defines social functioning as "the product of an interaction between the person and the situation" (Rathjen, 1980, p. 2), and social competence as "the ability to interact with others in a given social context in specific ways that are socially acceptable or valued and at the same time personally beneficial, mutually beneficial, or beneficial primarily to others" (Combs & Slaby, 1977, p. 162).

Although there is little agreement about specific clusters of variables that differentiate a socially competent individual from a socially incompetent one, research indicates that factors such as the individual's physical characteristics, behavioral repertoires, environmental factors and the interaction of the individual in the environment are related to social competence. Milich and Landau (1982) categorized correlates of social status into four groups: (a) classroom behavior; (b) cognitive and communicative abilities; (c) aggressive, inappropriate interpersonal styles; and (d) prosocial behavior. Interested readers are referred to Rathjen (1982) and Milich and Landau (1982) for reviews of related research.

In judging whether or not a student's social functioning is, in fact, inappropriate or maladaptive, decision-makers take into consideration the situational parameters, antecedents, and consequences of the behaviors (Foster & Ritchey, 1979). A given behavior (e.g., shouting) may be appropriate within a given context, (e.g., the playground), but may be considered deviant in another setting (e.g., the classroom). Certain types of aggression (e.g., unprovoked) have been associated with peer rejection while other types (e.g. provoked) have positively correlated with popularity (Hartup, 1970; Lesser, 1959).

Assessment of a student's social performance must include assessment of the social performances of that student's peers under the same antecedent conditions as well as within the same setting parameters. Any discrepancy between the social responses of the target and those of peers can be analyzed. Persistence of inappropiate behavior across settings and across time can be examined by repeating the assessment procedures described later in this chapter in a variety of situations and over a period of time. These procedures will greatly enhance the validity of the assessment of a student's social functioning.

Methods most frequently used to investigate an individual's social functioning include sociometrics, naturalistic observation, and teacher rating scales (Gresham, 1981). Combinations of these three techniques have been employed to examine the social withdrawal of preschoolers (Greenwood, Walker & Hops, 1977) and the social status of aggressive and aggressive/withdrawn boys (Milich & Landau, in press).

Sociometric Techniques

Students who exhibit inappropriate social behavior may also lack peer acceptance (Barclay, 1966). Sociometric techniques, often criticized for their intrusiveness (O'Leary & Johnson, 1979), are the most common measures used in social adjustment research (Deno, Mirkin, Robinson, & Evans, 1980) and are used to assess students' likeability or social status as rated by their peers.

There are two major reasons for employment of these techniques (Asher & Taylor, 1982): their reliability and predictive ability. First, sociometric scores have been proved reliable over time (Asher, Singleton, Tinsley, & Hymel, 1979; Gronlund, 1959; Oden & Asher, 1977; Roff, Sells, & Golden, 1972), across instruments (Marshall & McCandless, 1957), and across sources (Walker, 1967; Weir, Stevenson, & Graham, 1980). Second, sociometrics have good predictive ability. For example, research suggests that social incompetence is related to school dropout (Ullman, 1957), juvenile delinquency (Roff, Sells, & Golden, 1972), academic underachievement, high levels of verbal and physical aggression (McCandless, 1967), and psychiatric disturbance (Roff, 1963; West & Farrington, 1973). The results of an 11 to 13 year follow-up study by Cowen, Pederson, Barbigian, Izzo and Trost (1973) found that social factors assessed in childhood were the only factors that discriminated those adults referred for mental health problems from adults who were not referred. In addition, the relationship between social functioning deficits and various behavior disorders has been documented by Phillips and Zigler (1961, 1964).

Positive correlations have been found between teacher ratings and sociometric ratings (Gronlund, 1951; Roff, et al., 1972). Morrison, Forness, and MacMillan (1983) found that teachers' evaluations of individual class members correlate favorably with results from sociometric ratings. Although there appears to be good agreement between teacher ratings and peer ratings, the two groups may differ in their agreement on the tolerability of behaviors such as aggression (Lesser, 1959). Peery (1979) also found that teachers rank amiable and isolated children differently than did their peers. As pointed out by Kohlberg, LaCrosse, and Ricks (1972), children may be sensitive to behavioral differences that adults do not perceive.

Although sociometric devices have many advantages (e.g., they provide reliable information about a pupil's social impact on peers), several limitations of these techniques are noted by Foster and Ritchey (1979). The majority of data used to establish reliability and validity has been collected from preschoolers, and it is unclear at this time whether or not these findings can be generalized to other age groups. The usefulness of sociometrics is also limited in that they reveal little about specific skills or behaviors a student exhibits in interaction with peers (Asher & Taylor, 1982), and they do not describe the specific nature of the antecedents and consequences of poor social acceptance (Gresham, 1982). Thus, these techniques lend themselves more readily to classification than to intervention. Furthermore, the biases which may influence sociometric results (e.g., repeated use, surveillance of peers while completing the measure) have only begun to be investigated. Because a teacher must administer a sociometric instrument to an entire class in order to glean information about a target student, feasibility of use of this technique on a routine basis may be questionable.

Despite these limitations, sociometric techniques are useful for both identifying socially incompetent youngsters and for socially validating changes in behavior that is measured in a more direct manner (i.e., direct observation) (Foster & Ritchey, 1979). It is recommended that sociometric data be supported by that gathered from teacher ratings and behavioral observations (MacMillan & Semmel, 1977). For these reasons, use of a "behavioral assessment funnel" described by Hawkins (1979) is suggested. This approach moves social functioning from a broad base (i.e., sociometrics) to a more narrow focus (i.e., direct observation of specified behaviors). A variety of sociometric techniques are discussed below.

Nomination Method

The peer nomination method, originated by Moreno (1934), requires youngsters to name peers according to a selected criterion. Because there appears to be a sex bias in sociometric ratings (Singleton & Asher, 1977), children should be requested to nominate only those peers of the same sex. For example, students may be asked to name the boys or girls they most like to play/work with (Peery, 1979). They are most often asked to nominate three names for each of these categories. Each student then receives a positive score equal to the total number of positive nominations received. The number of positive choices may be seen as an indicator of peer acceptance, while the number of negative choices can be viewed as an indication of peer rejection (Asher & Taylor, 1982; Hartup, 1970; Peery, 1979). It is suggested that both positive and negative nominations be made. When only positive choices are given, the students who may be classified as neglected have been identified as rejected if negative nominations were included (Asher & Taylor, 1982). It must also be mentioned that the number of nominations received for each youngster largely depends on the number of peers making the nomination (Kane & Lawler, 1978). Therefore, when the peer nomination technique is employed with a small group, Kane and Lawler (1978) suggest that the number of nominations be proportioned to the group size.

McCandless and Marshall (1975) developed a nomination technique applicable to pre-reading children. Each child individually is presented with photographs of classmates. The child is then asked: (a) who the child's best friend is; (b) with whom the child would most like to play; and (c) with whom the child would most like to work. The child then points to the photograph for his/her nomination in each category.

The Behavior Rating Profile Sociogram (Brown & Hammill, 1978) presents pairs of questions related to friendships, academic ability, and leadership skills. The examiner selects the appropriate pairs of questions and types them onto a paper with blank spaces given for students to list their three choices for each question asked. Examples of questions include: Which of the boys and girls in your class would you most like to help you with a problem in your school work? Which of the girls and boys in your class would you least like to have help you with a problem in your school work?

Another peer nomination technique is the "Who Are They" test developed by Bowmann, DeHann, Kough and Liddle (1956). In this test, each student selects classmates who are best described by a variety of statements (i.e. "Who are the good leaders?") designed to measure friendship, withdrawn behavior, aggression, and leadership.

A variation of the peer nomination technique is Bower's Class Play (Bower, 1969). Students are asked to select their classmates for different roles in hypothetical play situations (i.e. someone who could play the part of a true friend). Both positive and negative roles are represented. Each then receives a score in ratio form reflecting the total number of negative selections over the total number of nominations. According to Bower (1969), high percentages suggest a high level of negative perception, while low percentages suggest that a youngster is generally perceived in a positive way. However, as pointed out by Milich and Landau (1982), this technique is not employed to give information regarding children who are perceived as popular or socially isolated.

Roster Rating Scales

While peer nominations are employed primarily to indicate social status (i.e., friendship), roster rating scales (Roistacher, 1974) are frequently used to provide information about specific behavioral aspects (Milich & Landau, 1982). The roster rating method indicates behaviors which may contribute to a youngster's popularity or rejection.

With the roster rating scale method, each student is given a list or roster of all classmates. Students then rate each of their classmates on a Leikert-type scale (a five-point scale for older children and a three-point scale, anchored by smiling, neutral and frowning faces, for preschoolers) (Foster & Ritchey, 1979) according to specific questions. Such questions may include, "How much do you like to play/work with this person?" (Singleton & Asher, 1977; Oden & Asher, 1977). These questions can be varied to assess different types of behaviors, such as "How much does the person help others?" or "How often does the person start fights?"

One advantage of the roster rating scale method over the peer nomination method is that every student receives a rating from every peer. Hymel and Asher (1977) found that while many received no nominations on a positive peer measure, they received relatively high scores on the rating scale measure. This may indicate that while these youngsters had no best friends in the class, they were generally liked by classmates (Asher & Taylor, 1982). This technique further avoids the difficulty of varying group sizes which is inherent in the peer nomination method (Foster & Ritchey, 1979). The roster rating method additionally has superior test/re-test reliability as compared to the peer nomination technique (Oden & Asher, 1977).

How I Feel Toward Others (Agard, Veldman, Kaufman & Semmel, 1978) is a variation of a roster rating scale. Each student is requested to rate classmates according to four responses: (a) friend; (b) all right; (c) wouldn't like; and (d) don't know. Scores are then calculated by totalling the number of nominations from each response category and dividing this number by the total number of peers rating the student. This measure provides scores that indicate levels of acceptance, tolerance, and rejection, as well as the degree to which a youngster is not known by classmates.

The Ohio Social Acceptance Scale requires junior high age youngsters to rate each of their peers on a six-point scale indicating the degree of their positive, negative or neutral feelings. These six points on the scale correspond to descriptive paragraphs to assist the students in making their ratings.

The Pupil Evaluation Inventory (Pekarik, Prinz, Liebert, Weintraub & Neale, 1976), for use with students in grades one through nine, possesses characteristics of both peer nomination and roster rating methods. Each student is given 35 items (e.g. "Those who make fun of people") listed vertically on a page. The names of each student in the class are listed horizontally. The student then places an X below the name of each student which meets the description. In this technique the factors of aggression, withdrawal and likability are distinguished.

Paired-Comparison Method

Another sociometric technique is the Paired-Comparison Method (Koch, 1933). Students are shown all possible pairings of class members and select the preferred peer from each pairing. This measure is scored by adding the total number of selections by peers for each student. While more time consuming, valuable information regarding dyadic relationships may be ascertained via this method (Cohen & Van Tassel, 1978). Paired-comparison scores additionally have shown excellent stability over time (Vaughn & Waters, 1980).

Naturalistic Observation

Direct observation techniques are also used to assess a youngster's social functioning. Discussion of these methods is limited here to their relevance to social functioning because they are addressed in detail in the chapter on "Pupil Behavioral Data." The role of this form of data collection in setting analysis is twofold: (1) it addresses the antecedents and consequences of particular behaviors (Gresham, 1982); and (2) it can establish the normative standards for social functioning by measuring the social performance of peers in the same situation. In this process, the teacher or other person observes what the youngster does at particular times or in particular situations. This information, generally obtained in the youngster's natural environment, is most often coded and reported in relevant categories of behavior (e.g., positive or negative peer interaction, number of questions asked in class). A variety of observation techniques exist. Frequency counts (listing one or two social areas such as positive peer interaction, joining in games appropriately, and then recording when these behaviors occur), duration recording (recording the length of time a student plays appropriately with peers, the length of time a student is crying), and anecdotal records (each day listing the specific behaviors of concern and the antecedents and consequences to these behaviors) are examples of observation methods that can be implemented easily by classroom teachers. Other systems include time sampling observations that yield information not only about the target student's behavior, but also information about the behavior of peers in the same setting (Hops, et al., 1978; Greenwood, Walker, Hops, & Todd, 1978).

When observational codes include specific behaviors (e.g., hitting) rather than global categories (e.g., aggression) the inference about what the data represents is minimized (Foster & Ritchey, 1979). For example, some researchers have found that children's rates of interaction did not correlate with social status as measured by sociometric techniques (Gottman, 1977; Jennings, 1975). However, Hartup, Glazer and Charlesworth (1969) found a positive correlation between positive peer interaction and sociometric acceptance. A positive correlation between negative peer interaction and sociometric rejection was also found. The above example was presented to illustrate that qualitative as well as quantitative behavioral categories should be selected for observation. Examples of qualitative behaviors (Green & Forehand, 1980) include positive and negative reinforcement (Charlesworth & Hartup, 1967), frequency of positive or negative peer and teacher interactions (Gottman, 1977), and verbal and physical aggression (Slaby & Crowley, 1977). It must also be noted that while one can observe behaviors in a particular situation, these behaviors are not always demonstrated in other situations or settings. Thus, several observations across a variety of school settings will provide the most useful information regarding how much the student's social interaction patterns differ from those of peers.

Another form of observation used in assessing social functioning is the use of analogue role plays. Children are presented with verbal or pictorial descriptions of social situations and are requested to role play or verbally explain how they would react in that situation (Asher & Taylor, 1982). The student's behavior in this simulated situation is then observed. While this form of observation has the advantage of allowing a variety of social behaviors to be observed, it has a very important limitation. This technique is not as valid as observations in the child's natural setting (Asher & Taylor, 1980), and research on normal children and adult psychiatric patients indicates that there is not a relationship between behavior in simulated situations and social behavior in naturally occurring situations (Van Hasselt, Bellack & Hersen, 1979). Therefore, analogue role play observations may best be used to evaluate a youngster's social knowledge (Spivak, Platt & Shure, 1976) rather than to assess actual social behavior. Following are examples of analogue observation techniques.

The Assertiveness Test for Children (BAT-C) (Bornstein, Bellack, & Hersen, 1977) presents nine scenes which stimulate role plays. For example: Narrator: "Imagine you need to use a pair of scissors for a science project. Betty is using them, but promises to let you have them next. But when Betty is done, she gives them to Ellen." Prompt: "Here are the scissors, Ellen."

A standardized role-play test (Edleson & Cole-Kelly, 1978, Edleson & Rose, 1978) investigates peer interactions in 23 situations in settings such as in home, in school, and on the playground. Example: "Your friend got a B on a book report. You got a lower grade. Your friend comes up to you and says, 'I got a B on my book report. The teacher said I did a good job.' Now I'll play your friend who says this."

For more information regarding direct observation procedures, readers are referred to the chapter on "Pupil Behavior" data.

Behavior Rating Scales

Another useful approach to the assessment of a child's social functioning is the use of behavior rating scales (Greenwood, Walker, & Hops, 1977). As with the section on "Naturalistic Observation," discussion here will be limited to addressing their relevance to social functioning. With this method the observer (e.g., a teacher who has had ongoing opportunities to observe the student) is presented with a list of behaviors which are rated according to a preselected criteria (i.e., does the student engage in this behavior most of the time, some of the time, almost never). Substantial validity of teacher judgments regarding the degree of a student's adjustment appears to exist (Harth & Glavin, 1971).

Results of numerous studies suggest that teacher ratings distinguish between average children and those who exhibit learning and behavior problems (Behar, 1977; Campbell, 1974; McCarthy & Paraskevopoulos, 1969; Swift & Spivak, 1969). Although teacher ratings may be affected by student characteristics such as academic ability, family background, and personality traits (Weir, Stevenson, & Graham, 1980), teacher ratings have been validated against both naturalistic observations and sociometric data (Bolstad & Johnson, 1972; Greenwood, Walker & Hops, 1977; Pekarik, Prinz, Lubert, Weintraub, & Neale, 1976). Rating scales further allow for social functioning data to be gathered relatively unobtrusively. Because this information is based on extensive observations, rating scales can reflect enduring behavioral characteristics of the student (Asher & Taylor, 1982).

An example of a teacher rating scale on a student's social functioning is the Social Behavior Assessment instrument (Stephens, 1978). Another is the Social Competence Scale (Kohn & Rosman, 1972) which assesses young children's mastery of their preschool environment. A variety of persons may complete rating scales about a student's behavior. Parent rating scales, such as the Achenbach Checklist (Achenbach, 1979), Connors Parent Rating Scale (Connors, 1975) and Behavioral Rating Profile (Brown & Hammill, 1978) can also be used to gain parent perceptions of a youngster's general social or behavioral functioning. More detailed information regarding parent and teacher rating scales is presented in the chapter on "Pupil Behavior Data."

Social Skills Inventories

Several inventories specify that teachers rate their perceptions of a student's social skills. Although the specific cluster of social behaviors which relate to social competence is unclear, social skills inventories do have an important place in the assessment of social functioning. Because these inventories are not standardized and have not been tested for reliability or validity, their primary usefulness is for planning interventions. Such inventories are intended for use in the school setting. Many include items relevant to task-related behaviors, aggressive or anxious behaviors, communication skills, and friendship-making skills. Examples of such inventories include: Social Competence (primary through senior high school students) (Turnbull, Strickland & Brantley, 1978), Social Skills Checklist (secondary-age students) (Goldstein, Sprafkin, Gershaw & Klein, 1980); Elementary Social Skills Checklist (elementary-age students) (McGinnis & Goldstein, 1984), and ACCEPTS Screening Checklist (elementary-age students) (Walker, McConnel, Holmes, Todis, Walker & Golden, 1983).

Record Reviews

A structured approach to reviewing a student's records provides useful information about that youngster's relationships with peers and adults (see the Appendices for a sample record review form). Teacher comments on cumulative records have been found to demonstrate relationships between classroom behavior and the student's subsequent social adjustment (Warnken & Siess, 1965; Watt, 1972; Westman, Rice, & Berman, 1967). Such a review assists the evaluator in determining the consistency, duration, and pattern of a youngster's difficulties in social functioning as well as serves as a source in documentation of prior interventions which will be discussed in more detail later in the chapter.

Student Self-Reports

Information about the use of self-report instruments completed by the target child is uncommon in the literature on social functioning assessment. Most of the self-report measures which have been developed examine only a few facets of social functioning, such as assertiveness (Wood & Mickelson, 1978) or self-concept (Coopersmith, 1967). Nonetheless, using the measures available can provide valuable assessment information. For example, data acquired thusly can be used to compare discrepancies between teacher and student perceptions, to identify critical skills for teaching, and to assess changes in the student's self-statements (pre and post instruction) (Cartledge & Milburn, 1980).

Student Interviews

Interviewing is a frequently used assessment tool; however, interviews are subject to biases that must be considered when data obtained in this manner is incorporated in decision-making. (See Chapter VI on "Individual Trait Data.") The paradox pointed out by Eisler and Frederiksen (1980) is that in one sense, students know more about their social behavior than anyone; yet individuals probably are not the most accurate observers of their own behavior. Nonetheless, an interview with the target student may be a useful starting point in the assessment process and may provide valuable information about the student's knowledge of appropriate social behavior and the specific areas in the social sphere in which they would like to become more competent. Reports from a student's parents and teachers yield information about social behavior in a variety of settings. This information may elucidate any environmental factors that may be precipitating inappropriate social responses as well as information regarding the consistency of these responses across settings.

Two types of information can be gained from student interviews: (a) direct information as to how the students perceive their social competence; and (b) indirect information from observing the student in the interview situation (how the pupil interacts with adults, the ability to communicate, etc.). While this method can provide information regarding self-perceptions, some students may be reluctant to engage in such an interview; therefore, an accurate picture may not actually be obtained. Cartledge and Milburn (1980) suggested several social areas which could be explored in an interview format:

1. The ability to express opinions contrary to those of peers, parents and teachers;

2. The ability to ask favors of someone;

3. The ability to initiate conversations with peers and adults;

4. The ability to refuse unreasonable requests from friends and strangers;

5. The ability to invite a peer to play;

6. The ability to compliment someone;

7. The ability to receive compliments;

8. The ability to ask for help in solving problems;

9. The ability to resist pressure from peers to behave in an unacceptable way.

Examples of prepared questionnaires to seek youngsters' perceptions of their own social functioning include:

The Attitude Toward School (elementary and secondary measures) (Lindheim & Gitlin, 1973) contains a set of questionnaires that assess a student's attitude toward school in the following areas: (a) learning, (b) peer social behavior, (c) class operations, (d) classroom physical environment, and (e) school subjects. The set of self-reporting measures for elementary students includes both pre-reading measures and self-assessments for middle to upper elementary-age children. Because the students assess their own unique school environment, these assessments are viewed as a very important component of setting analysis data.

The Children's Assertive Behavior Scale (Wood & Michelson, 1978) measures a variety of responses which reflect categories such as empathy, conversation making, requests and compliments. For each of 29 items (e.g., "Someone says to you, 'I think you are a very nice person.'"), youngsters indicate how they would respond in that instance. Five choices representing the categories of very passive, passive, assertive, aggressive, and very aggressive are given.

The Rathus Assertiveness Scale Revised for Children (Wood & Michelson, 1978) includes 38 statements to which the student is asked to agree or to disagree. For example:

Agree	Disagree	I like to argue.
Agree	Disagree	It takes me a long time to get to know new people.

Peer Group Norms

In order to determine a discrepancy between the target student's performance and the normative standards for the peer group in the setting, those normative standards must be established. Several methods for doing so have been discussed previously (e.g., observation and sociometric data).

The difference between achievement levels of students in a given school or classroom and those of the target student may elucidate a source of stress for the latter. Such levels may be determined in a teacher interview or from the mean annual achievement test results for the building. A record review will show how a student performed on the *Iowa Test of Basic Skills*. Where both Iowa and national norms are provided, it is possible for the practitioner to select the score from the norms that best represents the setting the student attends.

"Peer group norms are considered a composite of the perceptions held by the class members regarding what the other pupils feel is appropriate to do. It's what the pupil *thinks* is the group norm that will influence his behavior" (Fox, et al., 1966, p. 41). The collective view of peers coupled with an observed sampling of their behavior can formulate the normative standards against which individual student perceptions and behaviors are examined. Fox, Luszki and Schmuck (1966) suggest three tools and combinations thereof for studying congruences and discrepancies in the perceptions of a student, peers and teacher: "perceived classroom norms;" "congruence of perceived norms and individual standards;" "congruence of the individual pupil's perceptions of the norms and the actual consensus;" "congruence of a pupil's own standards and what he perceives as classroom norms;" "congruence of the pupil's perceptions of class norms and their perceptions of the teacher's opinions;" and "congruence of the teacher's actual opinion and the pupils' perceptions of it" (pp 41-44). Administration takes approximately 30 minutes.

A caution to the examiner is to be alert to those situations where the norms of the peer group are deviant, possibly due to the presence of a significant number of problem students or of an ineffective teacher with inappropriate or defective instructional methods and a poorly defined, poorly implemented behavior management system. When this occurs, the decision may focus on needed environmental changes rather than on problematic student behavior.

Documentation of Prior Attempts

The purpose for documenting prior attempts is twofold: (1) to provide written documentation of specific interventions attempted by a pupil's support network to impact positively on that individual's educational program; and (2) to provide an on-going evaluation-intervention process that will produce data useful in designing and implementing new interventions.

The emphasis in the first aspect is documentation—the actual written evidence that specific interventions have been attempted. There is no definitive set of interventions that always must be tried. Instead, interventions will vary according to the needs of individuals and the environment in which they are functioning. Four settings are especially pertinent when viewing the ecological support network of a pupil: the classroom, the total school environment, the home, and the community.

Although school personnel cannot either dictate or control what interventions are tried in the home/community setting, such information can be enlightening in the assessment process and should be a part of documentation. The number of interventions possible in each setting is infinite. It would be impossible to identify all of them. Below is a partial list, categorized by the setting where they are most frequently implemented, that may serve as a frame of reference for the practitioner.

Classroom Interventions

1. Modified instruction.
2. Alteration of the physical environment (includes moving the pupil's location within the environment).
3. Social skills instruction (especially regarding target behaviors).
4. Behavior contracts.
5. Behavior management programs.[1]
6. Time out.
7. Changes in attitude/expectations.
8. Peer involvement.

School Interventions

1. Office referrals/disciplinary actions.
2. Schedule changes/modifications.
3. Personnel changes.
4. Out-of-class environmental changes (e.g., bus, playground, hallways, etc.).
5. Detention(s)/suspension(s).
6. Changes in attitudes/expectations.
7. Building behavioral management program(s).
8. Building behavior contract(s).
9. Counseling.
10. Crisis intervention procedures.
11. Extra-curricular activities.
12. Change from one peer group to another.
13. Change in class or teacher assignment.
14. Change of attendance center.

*Family Interventions

1. Notes/calls/conferences with school personnel.
2. Participation in school-related activities.
3. Participation in community activities.
4. Changes in attitudes/expectations.
5. Coordination of behavior contract(s)/program(s).
6. Participation in individual or family therapy.
7. Changes in family support network.
8. Economic/environmental changes.
9. Medical/dietary changes.

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[1] Forness (1983) recommends a careful evaluation of reinforcing and aversive consequences and suggests that results may be somewhat indicative of a student's social development.

*Community Interventions

1. Services from/intervention by outside agencies (e.g., Juvenile Court, Human Services, medical, church, therapists, police, etc.).
2. Shared communication.
3. Coordination of services.
4. Referrals to other agencies.
5. Consultation with school personnel.
6. Changes in attitudes/expectations.

*The role of school personnel in these settings is to acquire, document, and when feasible, assess the effectiveness of relevant interventions attempted.

Procedures to evaluate the effectiveness of specific intervention strategies are not only dependent upon the intervention attempted, the setting, and the person(s) responsible for implementation, but can be drawn from the repertoire of assessment procedures presented throughout this manual. Results from this evaluation should address the following questions:

1. What was the target behavior requiring intervention?
2. Was the intervention strategy implemented?
3. Who was responsible for implementation?
4. What criteria were used to judge the relative success of the intervention?
5. To what degree did the intervention succeed?
6. Should the intervention be continued?
7. Are there alterations in the intervention that could be made to increase its effectiveness?
8. What other interventions should be tried?

Once completed, evaluation results should be recorded. Several possible formats for this documentation are included in the appendices.

The second aspect of documenting prior attempts focuses on the actual documentation process. Intervention and its documentation should commence with the onset of the pupil's problematic behavior and continue as an on-going series of evaluations and interventions throughout the total assessment process. Beginning with the first intervention, it is important to: (a) specify the behavior of concern; (b) establish the initial baseline rate for the behavior; (c) develop and implement strategies for remediating the behavior; (d) document and evaluate the effectiveness of these interventions; and (e) use this evaluation data to develop future strategies if needed. It is helpful to view this process in four stages:

1. Pre-referral: development, implementation, and assessment of intervention strategies by the student's current support network (the classroom teacher with

supervisory and/or consultative support from the building administrator, counselor, and other teachers). This "current support network" is responsible for the documentation and evaluation of these initial strategies and for determining whether formal referral procedures are warranted.

2. Post-referral/pre-evaluation: consultation by the evaluation team with the student's current support network upon receipt of the initial referral and prior to implementation of formal evaluation procedures.
3. Evaluation: the active, formal involvement of the evaluation team in the documentation, assessment, development, and implementation of intervention strategies.
4. Staffing: the formal, analyzing, synthesizing, and decision making process—integrating prior attempts data with other student assessment results.

Forness (1983) described a process for evaluation during a recommended diagnostic placement for a relatively brief period (two months) prior to determination of appropriate placement. This process requires assessment within six continua of readiness for classroom functioning: curriculum levels, teaching materials, teaching modalities, classroom size, reinforcement, and aversives. Assessment occurs in two phases — initial (first week) and ongoing (second through eighth weeks) — and combines minimal formal testing with extensive observation. Obviously, this model has real merit for documenting prior attempts and insuring that the student's education occurs in the least restrictive environment. It is consistent with the view that assessment must tie directly to intervention and that it is an ongoing process. Forness suggested that, although the model described was implemented in a hospital setting, it may be adapted to become feasible for implementation in the public schools.

SUMMARY

Setting analysis underscores that assessment is an ongoing process commencing at the moment someone perceives that a problem exists and continuing on through a sequence of evaluations that incorporate formal assessment of student and setting interventions and appraisal of their effectiveness, analysis of needs based upon student performance discrepant from environmental standards and expectations, and decision making regarding appropriate programming. Members of the multidisciplinary support team should not be viewed as identification "gatekeepers" (i.e., those responsible for data collection and decision making to the sole end of qualifying youngsters for special education services). They do have crucial roles to play in the ongoing learning/instructional process as members of a student's total support network. By including setting analysis as an area of data collection in the identification of behaviorally disordered youth the essence of assessment is realized.

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APPENDICES

A. Assessment of Classroom Learning Environment

B. Environmental Analysis

C. Environmental Checklist

D. Environmental Rating Form

E. Classroom Evaluation Form

F. Intervention Checklist

G. Record Review Form

H. Parent Conference/Contact Record

Appendix A

ASSESSMENT
OF
CLASSROOM
LEARNING
ENVIRONMENT

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This rating scale may be reproduced - with acknowledgement of source.

Instructions for the Use of the ACLE Scale in Needs Assessment

The ACLE (Assessment of Classroom Learning Environment) Scale is a simple rating instrument designed to assist public school personnel in the transition to mainstreaming. The 16 subscales making up the ACLE Scale focus on different elements of classroom environment and practice which, taken together, provide an overview or profile of a mainstreamed regular class.

The Scale has several purposes: (a) to serve as a needs assessment upon which to base the planning of training for regular classroom teachers; (b) to provide guidelines for assessing a school's compliance with the principles of individualized education; (c) to encourage the professional development of teachers in selected areas of practice; and (d) to outline the characteristics of a "mainstreamed" school. THE ACLE IS NOT DESIGNED TO BE, NOR SHOULD IT EVER BE USED AS, AN INSTRUMENT TO EVALUATE TEACHER PERFORMANCE.

Each subscale contains 5 descriptors (numbered 1-5), which are sequentially ordered according to increasing desirability. At the 5 level, the subscales add up to a description of a classroom with a very high degree of power to accommodate exceptionality.

To facilitate the recording of teachers' observations of their classrooms, there is included a summary Needs/Assessment chart. The form may be used for individual classroom observations or adapted to describe the characteristics of several classrooms.

Acknowledgements

The original idea for this scale came from Barry Dollar and Susan Dollar who used a similar technique as part of their LOFT (Learning Opportunities for Teachers) System.

Robert Prouty suggested the use of a scaled instrument in teacher education and contributed ideas for several scales.

A more detailed discussion of the Assessment of Classroom Learning Environment (ACLE) Scale is provided in M.C. Reynolds & J. Birch, Teaching Exceptional Children in All America's Schools (Reston, VA: The Council for Exceptional Children), 1978.

Assessment of Classroom Learning Environment Summary

Beneath the first subscale title shade in the square at the level you have checked as representative of your classroom. Then shade all squares below it. Continue with all subscales in the same manner, creating a bar graph profile of your classroom environment.

	Space and Facility Accommodation	Teaching-Learning Setting	Social Environment	Control/Responsibility for Environment	Classroom Management	Teaming Arrangements	Instructional Methods	Curriculum Flexibility	Materials	Degree of Structure	Rate of Learning and Behaving	Evaluation	Affective Education	Recognizing Cultural Differences	Child Study Process	Parent-Teacher Interaction
LEVEL 5																
LEVEL 4																
LEVEL 3																
LEVEL 2																
LEVEL 1																

Space & Facility Accommodations to Physical Impairment

_____ 1. The classroom (a) is essentially untreated for sound; (b) access creates difficult elevation and entry problems for students in wheelchairs; (c) has no amplification devices; (d) has no partitioned areas for small-group work; (e) movement to washrooms, lunch rooms, and other essential areas is difficult for orthopedically or visually impaired students; (f) space is very limited—thus inflexible; and (g) storage space is almost totally lacking.

_____ 2. At least four of the seven limitations (a through g) are characteristic of the classroom spaces.

_____ 3. General architectural accommodations (elevation changes) have been managed, but internal spaces are essentially untreated and inflexible.

_____ 4. Basic architectural accommodations are adequate. Classroom and other spaces are generally adequate in size and sound treatment is adequate; but storage, furniture, and flexibility of space are significant problems.

_____ 5. The classroom is carpeted and/or otherwise treated effectively for sound control; access and entry present no problems for any student; storage, flexible partitioning possibilities, sound amplification, varied furniture, and like matters are provided adequately.

Social Environment

_____ 1. Students are expected to work essentially alone on instructional tasks. Student-student relationships tend to be nonsharing, even competitive. The teacher reawrds individual performance and seems unsystematic in use of group processes.

_____ 2. Students work mainly in isolation, occasionally in small groups. The teacher praises and supports friendly interactions but no systematic provision is made for education in group processes. Evaluation tends to be individually oriented and to encourage competition.

_____ 3. Students work in small groups frequently and must share materials. All records are individual. Students are expected to learn to work with each other but goals for group work are nonspecific.

_____ 4. Students are clustered so that they can interact freely. Some group projects are assigned with considerable frequency. Group projects are evaluated informally, but grade records emphasize individual achievements. Social skills are valued.

_____ 5. The development of positive social skills and attitudes is one avowed objective of the teacher. Students are expected to interact and share with each other and to help one another. Sometimes they work on group projects, dividing up work. The teacher teaches the skills of group processes and rewards effective group work through grading and other means. Students have every reason to be mutually helpful. Definite efforts are made to provide socially integrative experiences for exceptional students.

Control of and Responsibility for Environment

_____ 1. Each individual class and the school is a rule-governed operation; rules are based almost totally on the teacher's authority.

_____ 2. Students share occasionally in discussions of how the school environment shall be managed. A degree of "consent of the governed" is achieved.

_____ 3. Formal arrangements are made for the regular involvement of students in governance—as in student government, student management of classroom materials, weekly class meetings, and the like.

_____ 4. Individual and groups of students are given special training and responsibility for the management of much of the school environment and processes. Included are technical matters such as running audio-visual machines, administering competency exams, orienting new students, showing the school to visitors. In addition, training may be included in counseling skills (listening, reinforcing, etc.) and other aspects of interpersonal and group behavior.

_____ 5. Students share significantly in the governance (policy making and administration) of their classes and school. Their obligations run to other students as well as to school officials; they are expected to help to make the learning environment productive. They receive instruction when necessary to help them to carry responsibilities. The teacher is the primary leader in the class but gives particular attention to encouraging constructive initiatives and autonomy by students.

Classroom Management

_____ 1. Classroom management tends to be at least mildly chaotic and noisy. Only a minority of students tend to be thoroughly attentive or on task most times.

_____ 2. Group signals and alerts are generally well attended, and at least half the students are on task at most times; but transition periods tend to be chaotic. Behavior disturbances are handled unpredictably. Materials management and record keeping are at minimum acceptability levels.

_____ 3. Teacher-pupil and pupil-pupil communications and general management are adequate, but mainly on the basis of the high authority level of the teacher. Predictability of class behavior is high because negative consequences for misbehavior are high--a tough but not highly competent situation.

_____ 4. Communication is good; organization is complex but orderly; student attention level is high; disturbance rate is low. Teacher is creative and adaptive, she shares responsibilities for the environment with students, and she rationalizes rules in group sessions. Some days are very bad but most are tolerable to good.

_____ 5. At least 90% of students attend when teacher tries to alert the whole class; questions almost always serve as signals for all students; systems for transitions, record keeping, materials management, and like matters are well understood and observed efficiently. Students are clear about expectations and consequences of their behavior.

Teaming Arrangements

_____ 1. When "problem" students are identified in regular classrooms, they are referred for study by specialists (e.g., school psychologists, school social workers, school nurses) on the assumption that the problem ownership has been transferred outside of the regular classroom.

_____ 2. When "problem" students are identified in the regular classrooms they are referred for study by specialists. The classroom teachers are called upon by the specialists to assist in the diagnoses. Observations of the student may be made in the referring teacher's classroom.

_____ 3. When "problem" students are identified in regular classrooms a referral is made to specialists. The regular teacher often participates with the parents and school specialists in writing an "Individualized Education Program" (IEP) - The diagnosis is amost exclusively child centered.

_____ 4. When "problem" students are identified in regular classrooms referral is made for study by specialists. The regular teacher participates in the diagnosis and in writing the IEP. Classroom observations are made of the student and the regular classroom learning environment. Consultation with the classroom teacher to achieve program modifications is a part of the total process following referral.

_____ 5. Systematic preventative studies are made in the school for the "problems" of students. These become the bases for studies of classroom and home situations as well as of students and the bases for broad efforts for improvement (e.g., providing additional approaches in reading instruction, increasing teacher competency in using small group cooperative instructional groups, and increasing home-school interaction on truancy issues). When troublesome issues occur and "problem" students are identified, specialists are called upon for consultation with the teacher and initial attention is given to possible program modifications to accommodate students needs in the regular classroom.

Instructional Methods*

*(a) Direct instruction—lecture with or without correlated visual aides and/or demonstrations; (b) inquiry discovery methods—students inquire into subject matter and reach generalizations independently; may or may not involve interactions among students; (c) group investigations—democratic process; (d) precision teaching—application of methods of applied behavior analysis, (e) instructional games—embedding concepts to be taught in game situations; (f) creativity—methods emphasizing divergent problem solution and other forms or productive rather than reproductive thinking; (g) psycho-educational diagnostic—prescriptive procedures; (h) peer or cross-age tutoring; (i) developmental teaching, as an indirect psychological education for moral development.

_____ 1. In a typical month, teacher uses systematically no more than 2 of the above methods.

_____ 2. In a typical month, teacher uses systematically 3 or 4 of the above methods.

_____ 3. In a typical month, teacher uses systematically at least 5 of the above methods.

_____ 4. In a typical month, teacher uses systematically at least 5 of the above methods and is studying or consulting with other school staff members about additional approaches for some students.

_____ 5. Teachers are able to use a wide variety of the teaching methods and have collaborative arrangements with special education teachers, school consultants, psychologists, or others to help to implement additional methods as they are needed; such as direct instruction, inquiring or discovery methods, precision teaching (behavioral) methods, group methods, institutional games, peer-tutoring, etc.

Curriculum Flexibility

_____ 1. Curriculum content is defined primarily by the textbook or teachers' guide, including the sequence of topics or activities. The content and sequence are uniform for all students.

_____ 2. The teacher basically follows a textbook or teachers' guide in setting content and sequence of topics but introduces significant modifications or "special" topics to accommodate to group's general interests and the teacher's judgment of priorities. The program is almost totally uniform for all students.

_____ 3. The teacher basically follows a textbook or curriculum guide but uses more than one level or set of textbooks in heterogeneous classes.

_____ 4. Content for particular students is specified by the teacher; several levels of textbooks are used along with varieties of other instructional materials. Students are assessed individually and given tasks and materials of appropriate levels.

_____ 5. Student interests guide selection of a significant portion of the content. The materials and content for each student are chosen according to individualized evaluation of previous performance, achievement, and interests. Instructional materials include several levels of reading materials, collections and audio-visual aids, instructional games and competency examinations, etc.

Materials

_____ 1. The instructional materials include essentially only one textbook of standard grade-level difficulty which is used almost uniformly by all students.

_____ 2. Instructional materials include several levels (different reading levels) of basic textbooks covering instructional content. Additional materials from the library are on hand regularly for use by students.

_____ 3. All of item 2 plus teacher's occasional use of films, filmstrips, audio tapes, overhead projections, and similar audio-visual aids.

_____ 4. All of items 2 and 3 plus permanent provision of a variety of materials in established interest centers for use in teaching-learning process.

_____ 5. Instructional materials include several levels of reading materials, collections of audio-visual materials, instructional games, and competency examinations. Students are able to "store" in the classroom their individual sets of materials and records.

Students are competent in use of all equipment. Special instructional materials centers and consultants are available to assist teachers.

Degree of Structure*

_____ 1. Structure is attended to only casually in organizing instruction. No systematic effort is made to control the degree of structure.

_____ 2. Structure is imposed on some topics—those considered most essential; all students tend to receive similar treatment.

_____ 3. All students receive a carefully structured approach as new concepts or content are introduced. Students who complete work rapidly are free to proceed in their own way in their "extra" time.

_____ 4. Instruction is varied in degree of structure, so that all students have a variety of experiences. Degree of structure tends to be a function of teacher interest and not fully a function of individual student needs, but all students experience variety.

_____ 5. Degree of structure* is varied systematically so that students who need high structure get it and those who achieve better by creating their own structure are encouraged to do so. The teacher has structure clearly worked out for his/her teaching area and uses it creatively.

*Instruction shows high structure when the teacher controls the instruction in great detail; new concepts and discriminations are introduced and related in smooth, gradual, carefully-sequenced order. Instruction shows low structure when students are "on their own" to a high degree; the students discover or create structure with but little detailed control by the teacher.

Rate of Learning and Behaving

_____ 1. All students are given fixed, uniform assignments to complete in uniform periods of time.

_____ 2. All students are given uniform minimum assignments for standard periods of time. Students who complete work rapidly are usually free to work on unrelated activities. Students who do not complete work "on time" continue with classmates in the next assignments despite poor background. Some extra help to "laggards" may be given.

_____ 3. All students are given uniform minimum assignments for standard periods of time. Students who complete tasks rapidly and well are allowed informally to proceed to more advanced related topics. Students who fail to complete tasks satisfactorily are given extra tasks and/or assigned to aides, resource teachers, or others for individual help.

_____ 4. Students are given mastery examinations at set times, such as the beginning of each semester. After each evaluation, subgroups proceed at different rates and at different levels of the curriculum.

_____ 5. Students proceed with instruction at rates indicated by mastery examinations. Such exams may be given at any appropriate time. Entry to new areas may proceed at any time according to the individual's demonstrated readiness.

Evaluation

_____ 1. Evaluation is almost totally test oriented and always involves comparisons with other class members. Results are recorded as percentiles, percentages, standard scores, or comparative grades, usually with no breakdown for diagnostic purposes. Scores are not interpreted in "mastery" terms. Atmosphere stresses grades and competition.

_____ 2. Evaluation is test and norm oriented, but with careful attention to domains (or what is being taught). Some modest degree of use is made of results in assigning "make-up" work or in other limited adjustments of the program.

_____ 3. Evaluation is reasonably in accord with what is being taught. All exams are returned to pupils but attention is mainly on grading, rather than on the planning of instruction. Procedures tend to be somewhat inconsistent.

_____ 4. Most assessments are mastery oriented and specific to domains, and they are used effectively and regularly in planning instruction. Feedback to students on all tests is complete and clear. However, term grades tend to be assigned quite strictly on a norm or social comparison basis. Students are encouraged to evaluate their own work independently.

_____ 5. Assessments are partly test oriented but they include informal observations and assessments as well. All evaluation is specific to domains and mastery oriented. Assessments are quite frequent and integral parts of instruction. Occasional norm-oriented tests are used to give students a basis for comparing their rates of development with those of others. All students have a solid chance to sense progress. The teacher is aware that not all learning can be assessed by another person and that a pupil must evaluate his/her own growth and optimal conditions for growth as part of the total evaluation program.

Affective Education*

_____ 1. Concern for affective development is limited to a general policy of courtesy and pleasantness. Affective education is in no way a planned part of the curriculum.

_____ 2. Positive affective development and climate, although recognized as worthwhile, are sought only on an impulse or "time-available" basis.

_____ 3. Affective education is recognized as worthwhile and is included on a planned but infrequent basis throughout the year. Teachers have opportunities for inservice education and consultation on the topic.

_____ 4. Affective education is recognized as worthwhile and is included on a regularly schedule basis much like other subject areas are in the weekly instructional schedule. Needs of teachers and administrators are recognized as well as those of students.

_____ 5. Affective education* is recognized as an essential component of the total curriculum, is a part of the regular daily instructional schedule, and is systematically included in carry-over activities in all subject areas. Administrators and teachers attend equally to professional colleagues' affective needs. Expert consultation is provided on affective education to both teachers and administrators.

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*Affective education, as used here, refers to curriculum designed to facilitate the development of a positive view of self, of learning activities and of life in school.

Recognizing and Appreciating Cultural Differences

_____ 1. Instruction proceeds with little or no explicit recognition of cultural differences. Majority values and styles dominate the classroom.

_____ 2. Special arrangements for remedial work are made for students who may have second language problems or who have different developmental patterns and learning styles associated with race or ethnicity. Teachers may have had required human relations training.

_____ 3. Special projects oriented to needs of minority students are arranged to supplement the regular school program: such as special pre-school language classes, bilingual youth advocates, or special units in Native-American education or Black studies.

_____ 4. Efforts are made to go beyond special projects and to redesign the basic curriculum to include valid elements from all relevant cultures so that all children can feel that both their past and future are given studied and valued consideration.

_____ 5. Content, materials, and methods of instruction are made meaningful for poor and minority group children as well as all others; the commitment to cultural pluralism is real, especially as it is reflected in curriculum. Both students and parents from minority communities feel engaged and well understood in the school situation; they feel like equals among equals. Aesthetic school experiences include samples from all cultures represented by the student body.

Child Study Process

_____ 1. There is no structured child study process. Children who do not conform to expected behavior or achievement norms are dealt with through referral and segregation in isolated special education programs or other forms of separate tracks or groupings.

_____ 2. Child study is seen as a problem-centered effort to identify and categorize children's deficits using standardized psycho-medical tests and to determine appropriate placements external to the regular classroom. Specialists, such as psychologists, are mainly occupied in classifying and labeling students for special programs.

_____ 3. Child study is psycho-educational in nature, relying heavily upon standardized assessment instruments to diagnose and clarify the child's deficits, with focus on determination of appropriate remedial programs.

_____ 4. Child study is educationally-oriented, with child and his/her teacher central to process and focus on analyzing teaching-learning interaction to determine areas where efforts for improvement should be concentrated.

_____ 5. Child study is focused on positive development of increasingly accommodative learning environments. Children's diversity in needs and abilities are closely examined, not to identify deficits in children but rather to plan modification in school practices and in school/home environments. Specialists, such as psychologists, are heavily involved in program development as well as in child study.

Parent-Teacher Interaction

_____ 1. Parent-teacher interaction is characteristically limited to crisis-stimulated meetings, often adversary in nature. Administrators enter mainly as rule enforcers.

_____ 2. Parent-teacher interaction, in addition to crisis-stimulated meetings, occurs on a regularly scheduled basis throughout the year; the agenda is characteristically limited to the teacher's reporting on children's progress.

_____ 3. Parent-teacher interaction, in addition to crisis meetings and formal reports, include periodic teacher-initiated affirmative meetings with all parents to informally communicate children's positive behaviors and achievements.

_____ 4. Parent-teacher interaction is characterized by an open and trusting climate of communication within which problems and crisis are seen as the cause for common concern and investment in solutions, and both parents and teacher participate in formal and informal information sharing.

_____ 5. Parent-teacher cooperation is close and continuous. As volunteer aides, as participants in various school committees, as co-sponsors of school-community activities, parents join with teachers in enhancing and expanding children's learning and experiential opportunities. The atmosphere stresses creativity, mutual commitments, and trust. Administrators enter as leaders/facilitators. When several problems occur, parents, teachers and other school officials are able to work together cooperatively in service to the child and not as adversaries.

Appendix B

ENVIRONMENTAL ANALYSIS
Linda E. Miller

Student's Name ____________________ Age __________
School ____________________ Grade __________
Teacher ____________________ Observer __________
Date ____________ Time __________ to __________

DIRECTIONS: Check all items that apply. Keep in mind that the analysis is of the environment of the designated student and not of the classroom in general.

I. LEARNING SETTING

A. General Information

1. Type of Classroom:
   ____Self-Contained ____Open-Space ____Team-Teaching

2. Person in charge:
   ____Regular Teacher
   ____Substitute
   ____Student Teacher
   ____Teacher Aide
   ____Other (Specify)______ ______________

3. Time of Day: ____A.M. ____P.M.
   Half of Period: ____First ____Second

4. Number of Students____ Number of Adults____ Ratio___To___

5. Subject Being Taught at Time of Observation: (If more than one, number in order of sequence)
   ____Reading
   ____Math
   ____Spelling
   ____Social Studies
   ____Language
   ____Music
   ____Art
   ____Science
   ____Handwriting
   ____Health/Safety
   ____P.E.
   ____Other______________ (Specify)

6. Activity in Progress: (If more than one, number in order of sequence)
   ____Teacher Lecture
   ____Small Group
   ____General Class Discussion
   ____Question & Answer
   ____Seatwork
   ____Student Directed
   ____Demonstration
   ____Test
   ____Ind. Student Project
   ____Film
   ____T.V.
   ____Lab
   ____Learning Ctr. Activity
   ____Other________ (Specify)

B. Space

1. Seating Arrangement: Please diagram and mark the designated pupil's seat with an "X". Indicate youngsters in adjacent seats by name and/or sex.

Check (√) if seat is next to:

____Bulletin Board
____Bookshelves
____Door to____________________________
____Teacher's Desk
____Learning Ctrs.
____Windows
____Chalkboard
____Heating/A.C. Unit

Visible from teacher's desk ____Yes ____No

2, Spatial Areas

____Learning centers
____Study areas
____Other (specify)______________________________________
____Isolation booths
____Free reading areas

3. Room in relation to:

Bathrooms:____

Drinking fountains:____________________________________

Principal's office:_____________________________________

Nurse's office:____

Access to outside:_____________________________________

Media Center: ____

Clothes hooks, lockers, coathall (describe):______________

____

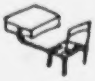
Rooms next door are:__________________________________

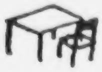
____

C. Props

1. Furnishings

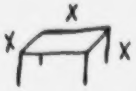
a. Pupil's desk:
____Correct size ____Too large ____Too small





Individual
Type: Attached ____Indiv. table, or desk with chair
____Right handed
____Left handed

Cluster
____Table w/chairs ____Number in cluster
____Desks w/chairs



Pupil's desk and/or work area: ____Orderly ____Messy

b. Pupil's chair:
____Correct size ____Movable
____Too large ____Immovable
____Too small

c. Flooring
____Wood ____Tile ____Carpet

d. Lighting of room:
____Incandescent ____Adequate
____Flourescent ____Inadequate

2. Bulletin Boards:
____Teacher made ____Pupil made ____Commercial

Content (describe):______________________________________

____

____

Arrangement (describe):___________________________________

____

3. Windows:

a. Location
____In door to hall
____Along wall (east, west, north, south) - underline one
____Near ceiling (outside wall, hall wall) - underline one

b. Number____

c. Size: ____Large ____Small ____Floor-ceiling

4. Wall Color:______________________________

5. Ventilation: ____Comfortable ____Stuffy ____Hot ____Chilly

*6. Pupil's Supplies:

a. Pencils:
____Correct size
____Too short
____Too long
____Sharpened
____Dull
____Own supply
____Available from teacher

b. Crayons:
____Complete set (8 basic colors)
____Incomplete set
____In good condition
____Broken
____Own supply
____Available from teacher

c. Marking pens: ____Own supply ____Available from teacher

d. Drawing paper:
____Manilla
____Newsprint
____Own supply
____Available from teacher

e. Writing paper:
____Wide lined
____Narrow lined
____No lines
____Own supply
____Available from teacher

f. Scissors: ____Right handed ____Left handed

7. Chalkboard:
____Metal
____Slate
____White
____Green
____Black
____White chalk
____Yellow chalk
____Marking pens
____Board not well erased
____Writing legible on board
____Writing illegible
____Writing too small
____Writing too light

8. Extraneous or obtrusive noise which might interfere w/pupil concentration (describe):______________________________
____

*Data to be obtained in interview with teacher.

*D. Time
Schedule

SUBJECT	ACTIVITY	DURATION
		to
		to
		to
		to
		to
		to

*Data to be obtained in interview with the teacher.

II. CLASSROOM SOCIAL ENVIRONMENT

A. Peer Society

1. Number of boys____ Number of girls____

*2. Socioeconomic background

a. Range:
Lower   Lower Middle   Middle   Upper Middle   Upper

b. Predominantly:
Lower   Lower Middle   Middle   Upper Middle   Upper

*3. Age Range: ____yr.____mo. to ____yr.____mo.

*4. Overall social maturity: (Use students' chronological age range as norm)
____young ____age appropriate ____mature

5. Ethnic mix (specify number):
____Black ____Caucasian ____Indian ____Mexican American
____Oriental ____Other

6. Group Climate

a. Leadership (by students): weak 1 2 3 4 5 strong

central 1 2 3 4 5 distributed

b. Attraction/Cohesion: (between students)
many cliques 1 2 3 4 5 few cliques

many rejected students 1 2 3 4 5 no rejected students

c. Norms (of students):
Incongruent w/teacher rules 1 2 3 4 5 congruent w/teacher rules

weak 1 2 3 4 5 strong

*Data to be obtained in interview with the teacher.

d. Communication: infrequent |___|___|___|___| frequent
(between students) 1 2 3 4 5

ambiguous |___|___|___|___| clear
1 2 3 4 5

7. Student's approximate position in the "pecking order":
low |___|___|___|___| high
1 2 3 4 5

8. Group role (if any) adopted by student:
(describe: i.e., clown, scapegoat, bully, etc.)____________

____

____

____

9. Small Group Work
*____Work cooperatively *____Work in isolation
____Work face-to-face ____Work facing same direction

*10. Students assist one another____

11. Address teacher by name____ Address teacher as "Teacher"____

*Data to be obtained in interview with the teacher.

B. Teacher Characteristics and Teaching Style

1. Sex of teacher: ____Male ____Female

*2. Feeling tone manifested:
____Anxious ____Quiet ____Courteous ____Self-assured
____Relaxed ____Shouting ____Short-tempered ____Indifferent
____Pleasant ____Cheerful ____Fair

3. Work with pupils
____Total group ____Small group ____Individual
Time allotment ratio: __________to__________
group individual

4. Expression of feelings

Reveals: ____anger ____love ____sense of humor
____fear ____acceptance
____sadness ____pride

Expressed: ____verbally ____facial expression
____voice tone ____general demeanor

5. Error Behavior: ____acknowledges own errors
____covers up errors

6. Discipline:
____Makes expectations clear
____Follows through with "promised" consequences
____Talks over precipitating behavior with child
____clearly ____matter-of-factly ____angrily
____interprets child's feelings about situation to him
____Elicits commitment for improved behavior from child
____Holds child responsible for own behavior
____Accepts word of peers in learning of and acting upon misbehavior

Consequences:
*Those used:____

____

____

*Relation to "crime": ____appropriate ____too harsh
____too lenient
*Timing with misdeed: ____immediate ____delayed
How long?______
*Effective? (i.e., misbehavior subsided) ____Yes ____No

*Data to be obtained in interview with the teacher.

*7 Intervention into peer squabbles

____Immediate
____Delayed
____Not at all

____Disciplines all involved
____Disciplines only one
____Has squabblers settle it

____Other
(specify)
____
____

*8. Communication with parents

____at conference time only
____routinely
____as needed

____by phone
____in person
____by note

*Data to be obtained in interview with the teacher.

III. INSTRUCTIONAL DIMENSIONS

A. Instructional Methods

1. Teacher communication behavior

____Complimentary, courteous
____Rude, belittling

Teacher comments directed to:
____total group
____individuals

____Teacher mediates all in-class communications
Teacher adaptation to individual differences
____Too complex
____Oversimplified

2. Instructional Methods

a. Questioning techniques of the teacher

____Open-ended
____Single, correct answer

____Accepts unusual questions
____Ignores, belittles them

____Presses for immediate response
____Encourages taking time

b. Planning

____Plans for one activity at a time
____Plans for student involvement in variety of activities
____Selection of goals and purposes done primarily by teacher
____Selection of goals and purposes is mutual student/teacher responsibility
____Goals and purposes coincide with school curriculum units

c. Direction giving

____Highly specific, exact
____Incomplete
____Unclear
____One step at a time
____Multistep

____Leaves out details/allows leeway
____Allows for creativity
____Match a model
____Multisensory
____Demonstration

d. Class discussion

____Humor accepted
____Levity unappreciated

____Discussion cut off
____Expression of ideas encouraged
____Pupil comments redirected to encourage further discussion

*e. Evaluation of work

____Pupil evaluated
____Teacher evaluated
____Group evaluated
____Not evaluated
____Correction of errors expected
____Errors are belittled, impatience with them
____Encouragement, concern about errors shown
____Improvement suggested constructively

Pupil behavior:

____Hostile to criticism, argues
____Accepts/analyzes criticism
____Accepts/pleased with praise
____Responds negatively to praise
____Willingly admits, reveals errors
____Afraid of errors

f. Correction/Marking Method

____Number wrong
____Number correct
____%
____Verbal comments, positive
____Verbal comments, negative
____Wrong answers marked
____Correct answers marked
____Both

*Feedback:

____that day ____on the spot ____next day
____later in activity
How much?____

*g. Teacher's out of class availability to students:

____Between classes, periods
____After school
____Lunchtime
____Recess
____Before school
____Other (specify)______
____

*Data to be obtained in interview with the teacher.

B. Lessons

1. Assignments
____Single topic assignment for all
____Variety for individual interests
____Same difficulty level ___too hard ___too easy
____Variety for individual differences
____Same resources recommend to all
____Variety recommended
____Same assignment length for all ___too long ___too short
____Length varied for individual differences
____Assignment length appropriate

*2. Homework
____Assigned to everyone
____Only to slow students
____Only to accelerated students
____As appropriate
____Daily
____Not at all
____Parent involvement discouraged
____Parent involvement encouraged
____Parent involvement made explicit
____Supplemental work
____Reinforcement
____Error correction

*C. "Traffic Regulation System" (Class rules/procedures)

Entry into room:____
Dismissal during hour for special needs:____________________
____
Dismissal at end of class period:__________________________
Pupil to pupil communication:_____________________________
Materials passed out, collected:___________________________
____
Pencil sharpening:____
Transitional times:____
Use of interest centers:____________________________________
Clean up:____
Obtaining free materials:__________________________________
Stretch breaks:____

Enforcement system: ____Student monitors ____Teacher ____both

Rules clear to students?: ____Yes ____No ____Posted

Other rules imposed?: ____Frequently ____Rarely ____Sometimes ____In advance of infraction ____Following it

Rules made by: ____Teacher ____Students ____Mutual agreement ____School
Rules/Procedures observed?: ____Consistently ____Inconsistently

*Data to be obtained in interview with the teacher.

D. Media Resources

1. Type available

____Basic texts
____Workbooks
____Supplementary texts
____Library books
____Reference books
    ____Encyclopedias
    ____Dictionaries
    ____Thesauri
    ____Almanacs
    ____Atlases
    Other:____________

____Filmstrips
____2x2 Slides
____16 mm Films
____8 mm Films
____ Records
____Audiotapes
    ____Cassettes
    ____Open reel
____Videotapes

____Games, puzzles
____Kits (i.e., reading, math, science)
____Charts, posters, study prints
____Models, Diorama, specimens, Realia

____Transparencies (overhead)
____Maps
____Globes
____Toys
____Cards, flash or audio

2. Equipment (Appropriate for materials)

____Television set
____Videotape Recorder
____Filmstrip/slide projector
____Filmloop projector
____16 mm Film projector
____8 mm Film projector
____Overhead projector
____Tachistoscope
____Screen
____Room darkening facilities (Drapes-shades)
____Filmstrip previewer

____Record player
____Audiotape recorder
    ____Cassette
    ____Open reel
____Audiotape player
____Earphones/headsets (No. ____)
____Listening Center/Jackbox
____Audio patch cards
____Audiocard reader (Lang. Master, EFI)
____Flannel board
____Chalkboards
____Bulletin boards

Other:____

____

____

Appendix C

ENVIRONMENTAL CHECKLIST

A. Learning Setting

1. General Information

Data in this section sets the stage for the observation by providing a general description of the setting. Items identifying the type of classroom correlate with those describing the number of students and student-teacher ratio. Their importance pertains to the number of potential distractors (significance stressed in psychoneurological research, noise levels, and possibilities for individualizing instruction).

Class size or density has been considered to have major impact on student achievement and behavior (Blake, 1954; Burgoon & Jones, 1976; Rosenfeld & Civikly, 1976). A high student-teacher ratio may reduce the opportunity for individualized instruction and increase the stress on the teacher which, in turn, decreases teacher effectiveness and increases behavior problems. Blake termed this the crowding stress syndrome. More important than the crowding, itself, is the perception of crowding, which may be a function of personal space violation (actual or perceived). The latter data may be obtained by combining information on this instrument with direct observation of actual intrusions. Modifications of the environment such as using room partitions, increasing the disparity of the room's linear dimensions, decreasing the number of entrances (Desor, 1972) and maintaining a comfortable room temperature (Griffith & Veitch, 1971) may reduce such negative behavioral after-effects as anxiety, aggression, and/or social behaviors—possible signals of increased psychological stress from perceived classroom crowding (Winer, 1977).

Studies by Strauss and Lehtinen regarding the effects of environmental distractors on the learning performance of students with neurological dysfunction underscore the importance of examining this factor in the classroom environment. The identification of such distractors as antecedents of inappropriate behavior may help with differential diagnosis as well as program planning. Research related to noise levels will be discussed later in this paper.

Information pertaining to the time of day, person in charge, subject, and activity in progress yields data that will enhance the meaning obtained from the individual observation about possible student energy level and about the content of the classroom being described.

2. Space

Seating arrangements communicate much about instructional approaches. Straight row arrangements typify traditional teacher-controlled classrooms. Rosenfeld (1977) concludes that straight rows tell students that only the teacher is free to move about, that all communication should be carried on with the teacher and not among students, that conformity is valued, and that all learning takes place in front of the room with the teacher making all the decisions. This may be quite congruent to the teacher's style and objective. Such a classroom also may be quite appropriate for a student whose social-emotional needs cause him/her to respond best in an environment relying on external rather than internal behavior controls. This fact gives us important data about a student's emotional adjustment and developmental age, as well as considerations for intervention.

Sommer (1967) and Heston and Garner (1972) found that semicircle U-shaped seating fosters increased interaction among students and among students and teachers. Although this may signal a student-centered classroom, it also establishes the peer group as a potential stimulus to maladaptive behavior.

A good deal of research has been conducted with regard to seating location. Attentive students, those who are high participants, tend to select seats in the "action zone," i.e. right-middle, right-front, and front and center seats (Adams, 1969; Delefes & Jackson, 1972). Becker, et al. (1973) found that students with low grade point averages most frequently occupied seats in the sides and back of the room.

The referred student is frequently seated in a spot that isolates him/her from the group. Although this may provide a degree of control by removing him/her from proximity to classmates and/or by placing him/her near the teacher who then provides the controls the student lacks, this seating assignment is often the source of many problems. The seat may be located near a center of student activity, e.g. the teacher's desk, the pencil sharpener, the learning centers. If in the front of the room or within the visual field of peer group, the student may be reinforced easily for inappropriate behaviors as his/her needs for social attention and/or omnipotence are met. Such isolation also may affect self-concept and self-esteem. Communication to the student is that he/she is different or bad. This may be just one of many messages that engage the young person in a self-fulfilling prophecy. The observer quickly can get a picture of the role assigned to the pupil and may wish to suggest alternatives to this seating assignment.

If the student is seated with classmates, who they are and how many becomes important. A seat mate can be a positive or negative model. Friends do not necessarily make the best seat mates. Heston and Garner (cited in Rosenfeld, 1977) found that males preferred to seat themselves at greater distances from each other than females (22 vs. 13 inches). This fact recognizes the importance of proximity tolerance, which also is affected by age level and amount of stress an individual is experiencing.

Learning difficulties may be brought on, or at least exacerbated by, the location of a student's desk. Lighting may be better in one part of the room than another; heating and ventilation vary by the windows, heating vents, etc.; and the view of the blackboard differs dramatically from one part of the room to another because of glare, physical barriers, tall students, etc. Desks by the window provide inviting views of outside. Daydreaming or distracted behavior are frequent by-products of this location.

A classroom divided into several areas such as learning centers, study carrels, free reading areas, etc. indicates that individualization of learning and concern for student motivation are likely to be hallmarks of the classroom. To the observer, these areas not only may be considered for incorporation into an intervention plan (e.g., part of a contingency management program), but they also may be good barometers of the overall climate of the classroom.

Finally, information about the location of the classroom in relation to bathrooms, drinking fountains, principal's office, nurse's office, outside, media center, coat storage, and other classrooms is useful. For a student entrusted to leave the classroom to run errands or attend to personal needs, the distance to these areas and potential distractors enroute may account for much lost time by the referred student. For the distractible, impulsive boy or girl, or for one who is coping with classroom stress by task avoidance, these places become incentives for leaving the classroom. Frequency of trips and/or long delays in return may be signals of difficulties with learning or self control. Again, interventions designed to alleviate stress factors, to manage inappropriate behaviors, or to involve the areas as incentives by systematizing their use require knowledge about the setting.

3. Props

Pupil desks and chairs are vital pieces of classroom equipment. Too often they are ignored as such. Although most classrooms are provided with a variety of sizes to accommodate the range of physical sizes of students, mismatches are a common occurrence. Elementary students may exhibit writing problems or may be too close to a book to read it well because their desk is too high. Their feet may not touch the floor because their chair is too large. This can be extremely fatiguing. At the secondary level, students often are too large for their desks. Due to spurts in growth, they even may outgrow their desks during a single school year. The discomfort thus caused may lead to restless, inattentive behavior such as chair tipping.

Several considerations are related to the type of desk used. Independent modules provide the student with personal space and a sense of ownership. The importance of this to psychological well-being is widely recognized. Some desks and chairs are attached. Although this may eliminate chair tipping, it reduced flexibility in classroom arrangement and may inhibit programming. Swivel chairs, often a feature of this type of desk, are the tempting source of inappropriate behaviors. Tables and separate chairs permit the greatest flexibility.

The writing surface is very important. Does it provide support to the writing arm of the student who is left or right handed? Although slant-topped desks would appear to facilitate writing and reading by keeping materials at appropriate angles, they are troublesome to the disorganized student who may have trouble keeping things on the desk top. Teachers complain that this boy or girl is always dropping things or that the area around his/her seat is always cluttered.

Neatness of the student's work area tells us something about him/her. Does the mess inside correlate wtih other data that identifies poor organizational skills, or that reveals a student who is not concerned with organizational behavior at all? Does the desk harbor treasures to be pulled out and played with when the task becomes arduous or boring? Are all school papers "filed" here far from the discerning and ofttimes disapproving parental eye? The neat student is, of course, the teacher's delight. Exceptional neatness, however, may be symptomatic of compulsive behavior that can be debilitating to performance at school.

Aesthetic qualities of rooms are important factors in the overall effect created by learning environment. In research by Maslow and Mintz (1956) and follow-up work by Mintz (1956), student reactions to an "ugly" room (two half-windows, grey walls, and overhead bulb with dirty lampshade, and unattractive furniture) were compared to reactions to a "beautiful" room (two large windows with draperies, beige walls, indirect overhead lighting, and attractive furnishings).

> The results were dramatic: subjects in the ugly room had such reactions as monotony, fatigue, headaches, irritability, and hostility. Those in the beautiful room responded in opposite fashion: they had feelings of comfort, pleasure, enjoyment, importance, and the desire to continue their task. (Mintz, 1956, p. 168).

Flooring is significant, not only for the contribution it makes to the classroom noise level, but also to the feeling of warmth or coldness of that room. Carpet cuts down noise level. It may inhibit the type of activity carried out in a classroom, however, such as using paint or other messy materials.

The relationship between school achievement and classroom color has been researched by educators and psychologists. In an investigation by Ketcham (1958), kindergarten children were studied over a two year period and evaluated on social habits, health and safety habits, language arts, arithmetic, social studies, science, and music. Those attending a school painted in accordance with color dynamic principles showed much greater improvement in the above listed areas than did those attending an unpainted school.

The State Department of Education in Connecticut (1966) found in a series of studies, that in schools where color improvements were made not only did student pride increase but the incidence of behavior problems including vandalism decreased.

Colors affect perception of room size and warmth or coolness. In addition, color preference generally changes with age from warm to cool colors as the child grows older. Yellows, peach, and pink stimulate young children to explore, to learn, to participate; while green, blue-green, and gray are recommended for secondary schools to avoid distraction and aid in concentration (Thompson, 1973).

Color, intensity, and location of lights affect attitude and eye strain. Matching the lighting to the task would create an ideal situation; however, for our purposes the role played by inappropriate or insufficient lighting in a student's learning difficulties is the issue of primary concern.

Although aesthetic qualities may have little or no direct relationship to the problems of an individual student, they do affect the emotional tone of a classroom and thus may have indirect and exacerbating consequences for the student already under emotional stress.

Finally, attention should be paid to heating. Dr. Charles Higgins (Rosenfeld, 1977) advises that a temperature between 64° and 68° is most healthful, least fatiguing, and most conducive to learning. Exceptionally dry air may increase the risk of respiratory illness.

Bulletin boards communicate much about a classroom. They may reflect a teacher-centered or student-centered room depending on who designs and organizes them. As a frequent center for display of successful student work they are often a source of continued embarrassment and defeat for a less able child. Content may be a stimulus for fantasy and daydreaming to one with emotional disabilities and complex or poor organization may confuse the student with perceptual problems.

Pupils' supplies are provided by many methods including incorporation into a list of incentives in a token economy. They usually are valued by students and may become the focal point of controversy or theft among classmates. The condition they are in tells us something about the attitude and/or organizational skills of a student. Little attention seems to be paid to the type and condition of pencils, yet the skill for which they are tools, handwriting, is attended to and is greatly affected by their quality. Many students use writing instruments that are too tall, too short, too thin, unbalanced, too dull or too sharp. Chewed pencils may be a clue to a student's anxiety level.

Chalkboards are also valued by students as places to work and sometimes as things to clean. For the youngster with learning problems, they are sources of frustration. Reading and copying from a chalkboard for them is a strenuous task at best. High contrast of writing to background, low glare and legible handwriting may alleviate some of the stress of the task for such a student.

Noise level in a room may interfere with concentration or auditory perception of a student. A study to determine whether reading performance of students in an open-space school was adversely affected by naturally occurring background noise detected that the only effect was a slow-down in rate of performance (Weinstein & Weinstein, 1978). Cohen, Glass and Singer (1973) demonstrated significant correlations between noisiness of a child's home environment and performance on auditory discrimination and reading test scores. They found that repeated noise exposure leads individuals to filter out disturbing sounds and, in the process, relevant speech sounds may also be screened out, thus affecting reading. Teaching time may be reduced by noise. A study by Kyzar (1977) showed that more than twice as much time was lost in classrooms on the heavy traffic side of a school building than on the opposite side. The subsequent time pressure and frustration to the teacher may negate his/her willingness to individualize instruction or management.

4. Time

The sequence in scheduling of subjects and activities, as well as their duration, may be a factor in the behavior problems of students. The length of time devoted to and the nature of activities used in teaching each subject should be geared to student needs. They usually are planned around normative developmental standards and may cause problems for the distractible or unmotivated student. For a student whose skills in self-control are undeveloped, sedentary activities that follow very active activities without a slowdown or transition may leave this student still wound up, while everyone else is wound down. Fatigue may be a factor in behavior problems, as youngsters often become more active, more irritable and less tolerant when tired. The time of day, coupled with the activity type and task demand, may be in dissonance with the student's energy level.

B. Instructional Dimensions

Items in this section of the checklist deal with the way the teacher delivers instructions and the tools used in the delivery of instructions.

Instructional methods and materials reflective of teacher style are most effective when matched to the learning style of the student. Research on this dimension of the setting is prevalent and readily available. It is beyond the scope of this paper to deal with these items in detail. Most practitioners will have the skills and information necessary to render meaning to the data thus obtained. The key to the analysis is the appropriateness of the instructional approach and materials for the given learner, the variety of resources and equipment available for programming and the opportunity for individualizing instruction and management because of teacher attitude and material availability and appropriateness.

Appendix D

ENVIRONMENTAL RATING FORM

Pupil ____________________ Rater ______________________________

Age ______________________ Environment Home Economics

Grade ____________________

Directions:

1. Enter the date of each observation over the rating line.

2. Rate each of the environmental behaviors listed below. If a pupil's behavior is consistently appropriate, the behavior should be coded with a (C). If the pupil performs a behavior appropriately but inconsistent, code the behavior with an (I). If the student performs a skill inadequately or fails to perform a necessary task, code the behavior with a minus (-). If there is no opportunity to observe the behavior, code the behavior with a zero (0).

	DATES					
BEHAVIORS						
1. Takes assigned seat						
2. Attends to teacher's instructions						
3. Attends to demonstrating						
4. When work is assigned, takes up task without delay						
5. Raises hand when help is needed						
6. Refrains from obtrusive vocal behavior						
7. Refrains from nonobtrusive vocal behavior						
8. Refrains from obtrusive physical behavior						
9. Refrains from nonobtrusive physical behavior						
10. Refrains from negative peer interactions						
11. Initiates positive peer interactions						
12. Takes out and puts away sewing machine as directed						

ENVIRONMENTAL RATING FORM

Page 2

13. Refrains from talking during instruction and demonstration						
14. Disposes of trash appropriately						
15. Leaves classroom only when dismissed						
NOTE: Low volume talking is permitted while pupils are working on sewing						
machines. If a pupil yells, code as "obtrusive vocal behavior."						

ENVIRONMENTAL RATING FORM

Pupil ____________________ Rater ______________________________

Age ____________________ Environment Study Hall - Home Room

Grade ____________________

Directions:

1. Enter the date of each observation over the rating line.
2. Rate each of the environmental behaviors listed below. If a pupil's behavior is consistently appropriate, the behavior should be coded with a (C). If the pupil performs a behavior appropriately but inconsistent, code the behavior with an (I). If the student performs a skill inadequately or fails to perform a necessary task, code the behavior with a minus (-). If there is no opportunity to observe the behavior, code the behavior with a zero (0).

	DATES					
BEHAVIORS						
1. Takes assigned seat						
2. Refrains from talking						
3. Remains in seat except to sign out or approach teacher						
4. Brings work to do						
5. Works on assignments brought to the study hall-homeroom						
6. Attends to tasks						
7. Refrains from obtrusive motor behavior						
8. Refrains from nonobtrusive motor behavior						
9. Refrains from obtrusive vocal behavior						
10. Refrains from nonobtrusive vocal behavior						
11. Maintains appropriate sitting posture						
12. Refrains from interrupting classmates at work						
13. Initiates peer interaction in a polite manner						

ENVIRONMENTAL RATING FORM

Page 2

14. Initiates peer interaction in a polite manner						
15. Follows study hall/homeroom rules for obtaining passes						
16. Maintains belongings in good order.						

ENVIRONMENTAL RATING FORM

Pupil ____________________ Rater ______________________________

Age ______________________ Environment Hall Walking
Junior High

Grade ____________________

Directions:

1. Enter the date of each observation over the rating line.

2. Rate each of the environmental behaviors listed below. If a pupil's behavior is consistently appropriate, the behavior should be coded with a (C). If the pupil performs a behavior appropriately but inconsistent, code the behavior with an (I). If the student performs a skill inadequately or fails to perform a necessary task, code the behavior with a minus (-). If there is no opportunity to observe the behavior, code the behavior with a zero (0).

	DATES					
BEHAVIORS						
1. Carries books to side (boys)						
2. Carries books with arm bent up (girls)						
3. Walks to right side of hall						
4. Walks with head up						
5. Refrains from touching wall						
6. Girls carry purse on books or over shoulder						
7. When taking a drink, refrains from putting mouth on spigot						
8. Refrains from loud boistrous talking while classes are in session						
9. When passing during class periods makes eye contact with passers-by and gestures hello (i.e., smiles, nods head or speaks greeting)						

FREE TIME WITH PEER RATING SCALE

School ____________________ Grade ____________________

Teacher ____________________ Name ____________________

Directions: Above the name of each person in this class put the number of the statement that tells how you would feel about spending free time with them. Free time activities include going to the skating rink, attending a party, walking after school, eating lunch together, going bowling, going to a ball game or any other fun activities you might do with other people. Do not rate yourself.

1	2	3	4	5
Not at All	Not Much	Doesn't Matter	A Little	A Lot

WORK WITH PEER RATING SCALE

Directions: Put the number of the statement that tells how much you like to work with each person in your class above their name. Work with means things like being in reading group, doing assignments together, going to the library, and helping one another out on things like reading, arithmetic, science, and other school subjects. Do not rate yourself.

1	2	3	4	5
Not at All	Not Much	Doesn't Matter	A Little	A Lot

____

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

____________________ ____________________ ____________________

Name ______________________________ Date ________________________

	Would like to have him/her as one of my best friends.	Would like to have him/her in my group but not as a close friend	Would like to be with him/her once in a while but not often or for a long time	I would rather not have anything to do with him/her	Dislike him/her
1. Bryan					
2. Matt					
3. John					
4. Ben					
5. Jeff					
6. David					
7. Curtis					
8. Todd					
9. Wendy					
10. Amy					
11. Lorie					
12. Mara					
13. Jo Lynn					
14. Gordon					
15. Marcus					
16. Tony					
17. David					
18. Brian					
19. John					
20. Jason					
21. Beth					
22. Shara					
23. Cindy					

(Sears)

SPA

DIRECTIONS:

The purpose of this activity is to find out which people in the class do certain things more than others. You will see 20 sentences listed down the side of the page and several people's names listed across the page. Rate each of the students listed as follows:

3 = If the person does the following things a lot.
2 = If the person does these things sometimes.
1 = If the person never does these things.
0 = If you don't know this person.

3 = A lot

2 = Sometimes

1 = Never

0 = Dont' know person

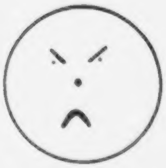
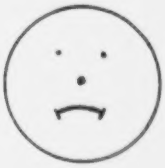
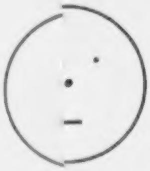
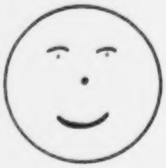
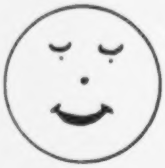
1. Says nice things to others.							
2. Says please and thank you.							
3. Smiles at others.							
4. Says hello to others.							
5. Listens to others.							
6. Helps others.							
7. Cooperates with others.							
8. Shares with others.							
9. Pays attention in class.							
10. Understands others.							
11. Says excuse me.							
12. Waits his turn when playing.							
13. Is considerate of others' feelings.							
14. Participates in school activities.							
15. Fun to talk to.							
16. Is liked by others.							
17. Pays attention in class.							
18. Waits for others to finish talking.							
19. Is happy when others are successful.							
20. Follows rules in games and class.							

PLAY WITH RATING SCALE Boy Girl

School________________________ Grade________________________

Teacher________________________ Your Name____________________

Directions: Put the number of the fa e that tells how much you like to play with each person in your class in the box beside their name. Do not rate yours lf.

				
1	2	3	4	5
Not at All	Not Much	Desn't Mter	A Little	A Lot
1	2	3	4	5

☐ ____________ ☐ ____________ ☐ ____________ ☐ ____________

☐ ____________ ☐ ____________ ☐ ____________ ☐ ____________

☐ ____________ ☐ ____________ ☐ ____________ ☐ ____________

☐ ____________ ☐ ____________ ☐ ____________ ☐ ____________

☐ ____________ ☐ ____________ ☐ ____________ ☐ ____________

Appendix E

AREA EDUCATION AGENCY 11
1932 S.W. Third Street
Ankeny, Iowa 50021

CLASSROOM EVALUATION

Name ______________________________

Parents ____________________ Phone ____________

Address ______________________________

School ____________________ Teacher ____________

Observer ____________________ Date of Report ____________

The following is an anecdotal record focusing on the above client. Times are approximate and significant interactions between the client, his teachers, the environment and others may be included.

A copy of this report has been placed in the child's records.

TIME	OBSERVATIONS

NAME________________________________ PAGE__________

TIME	OBSERVATIONS

Appendix F

INTERVENTION CHECKLIST

For each intervention attempted, check the resulting response.

	WORSE	NO CHANGE	ERRATIC	IMPROVE	SUCCESS
Praise/Attention					
Verbal Use					
Verbal Reprimand					
Ignoring					
Notes, Calls Home					
Modified Instruction					
Modified Room/Space					
Referral to Principal					
Counseling-Support Staff					
Point System					
Behavioral Contract					
Special Jobs, Privileges					
Parent Conferences					
Lost Privileges					
Charting					
Support Group					
Time Out					
Detention					
Suspension					
Modified Day					
Peer Pressure					
Spec. Ed. Resources (specify)					
Title I, Other Support					
Public/Private Agency (specify)					
Court					
Community Resources (i.e, Church, YMCA, YWCA, Boy/Girl Scouts, etc.					
Other, (specify)					

	Documented Interventions										
Problem Behaviors	Positive Reinforcement	"Assertive Discipline"	Note Home	Calls Home	Modified Instruction	Referrals to Principal	Behavioral Contract	Time Out/Isolation	Detention/Suspension	Behavioral Management System	Other Interventions

Additional Comments/Concerns

Appendix G

Date form initiated______________
Reviewed by____________________

RECORD REVIEW

Identifying Information

Student's Name______________________ Referred by ____________________

Birthdate ________________ Age ______ Sex: M F Referral Date _________
yr. mon.

School____________________ Grade ____ Teacher _________________________

Reason for Referral:____

Child Now Living With:

Man's Name:	Woman's Name:
Relation to Child:	Relation to Child:
Address:	Address:
Phone:	Phone:
Place of Employment:	Place of Employment:
Hours of Employment: _____ to _____	Hours of Employment: _____ to _____
Position:	Position:
Phone	Phone:

All Family Members:

Name	Sex	Age	Education/Occupation	Remarks

All Others in Home (Relationship):

Other Agencies Involved with Child:

Name	City	Nature of Involvement	Dates of Involvement

II. Medical History

A. Serious Illness (describe) Date Hospitalized

______________________________ __________ Yes No

______________________________ __________ Yes No

Accidents (describe)

______________________________ __________ Yes No

______________________________ __________ Yes No

Allergies (list)____

Medication: (Type)______________ (Dosage)__________ Dates__________

(Type)______________ (Dosage)__________ Dates__________

B.

	Date	Results	Nature of Deficit	Correction	Tested By
Vision		Normal Deficit			
Hearing		Normal Deficit			

C. Comments About Health History:

D. Developmental History - Significant Incidents:

Birth:	Sleeping:
Walking:	Toilet Training:
Talking:	Eating Habits:

III. School History

A. Attendance Pattern:

Grade												
Absences												
Days Enrolled												
Tardies												

B. Record of Schools Attended

Grades	Schools Attended	District	Dates	Special Programs	Dates
			to		to
			to		to
			to		to
			to		to
			to		to

C. RATINGS/REPORTS OF PAST/CURRENT TEACHERS Recorder of Data__________

1. Conference Reports/Semester Reports

a. Teacher__________________ Grade/Subject__________________

b. Teacher__________________ Grade/Subject__________________

c. Teacher__________________ Grade/Subject__________________

d. Teacher__________________ Grade/Subject__________________

D. SUBJECT MARKS

1. Current Grades

Subject						
Quarter	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Grade						

2. Past Subject Marks

Year	Grade											
		Subject										
		Mark										
		Subject										
		Mark										
		Subject										
		Mark										
		Subject										
		Mark										

IV. RESULTS OF EVALUATIONS

A. Intelligence Testing

1. Group Test

Name of Test________________ Date Administered____________
Results:

2. Individual Intelligence Tests:

a. Binet:
Date Administered ________________ Examiner___________
Results: CA___________ MA___________ IQ___________

b. Wechsler Intelligence Scale for Children-Revised
Date Administered ________________ Examiner___________
Verbal IQ_____ Performance IQ_____ Full Scale _____

Information	_______	Picture Completion	_____
Similarities	_______	Picture Arrangement	_____
Arithmetic	_______	Block Design	_____
Vocabulary	_______	Object Assembly	_____
Comprehension	_______	Coding	_____
(Digit Span)	_______	(Mazes)	_____

c. Previous Testing:
Test______________ Date__________ Examiner______
Results:___________ __________ ______

d. Interpretive Comments:____________________________

B. Achievement Testing

1. Group Test

IOWA TEST OF BASIC SKILLS/I.T.E.D./STANFORD														
GRADE	DATE													
									/					
									/					
									/					
									/					

C. Summary of Personality Assessment/Self Esteem/Visual Motor

1. Instrument Used:______________Evaluator___________ Date__________
Summary:

2. Instrument Used______________ Evaluator___________ Date__________
Summary:

3. Instrument Used______________ Evaluator___________ Date__________
Summary:

4. Instrument Used______________ Evaluator___________ Date__________
Summary:

5. Instrument Used______________ Evaluator___________ Date__________
Summary:

Appendix H

PARENT CONFERENCE/CONTACT RECORD

STUDENT____________________________ DATES______________________________

SPECIAL CLASS TEACHER______________ PARENTS____________________________

REGULAR CLASS TEACHER______________ PARENTS' PHONE _____________________

SCHOOL _________________GRADE______

DATE	TYPE OF CONTACT					PURPOSE	COMMENTS
	SCHOOL	HOME	PHONE	LETTER/ NOTE	OTHER		

Chapter V

PUPIL BEHAVIORAL DATA

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Chapter V

PUPIL BEHAVIORAL DATA

David Sodac
Polly Nichols
Bob Gallagher

Recent Iowa legislation (House File 133, 1983) has given impetus to enhance and expand the psycho-educational procedures used in targeting behaviorally disordered students. The major shift in this legislation's definition was in extending the previous definition to include descriptive behavioral patterns in specifications for areas of data collection. The definition mandates that measures of actual behavior be included in the supporting documentation for eligibility consideration.

The collection of Pupil Behavioral Data seeks practical information that describes the behavior of concern. It includes obtaining parent and home perceptions of the behavior through rating scales and instruments. It includes obtaining information from within the learning environment that details factors precipitating the behavior and consequent reactions to that behavior. The presenting behaviors frequency, intensity, and duration are narratively documented. All three components of the data collection make up what is referred to as the "Pupil Behavioral Data." Each of these three components will be addressed in this chapter.

This chapter will assist support personnel in becoming more aware of the collection instruments and procedures commonly used in a behavioral assessment. It will provide direction in selecting appropriate instruments and procedures and in interpreting data collected.

More recently behavioral assessment techniques are being used in conjunction with traditional assessment approaches. This assessment approach stresses accurate description of observable behaviors. Consequently, the diagnosis of behavioral disorders is becoming more functional. By knowing what behaviors the student displays, under what conditions the behavior occurs, and what the observable and perceived effects of the behaviors are on the learning environment, support personnel are provided with the basis for the direction of behavioral change and decision making. The educational diagnosis of behavioral disorders, with the additional pupil behavioral data requirement, emerges as having more utility.

Nelson and Hayes (1979) suggest that behaviorally oriented assessments should enhance one's understanding of a behavior and the ability to alter that behavior. Well documented behavioral sequences and specificity in defining behaviors will help us prepare intervention suggestions to alter behavior patterns.

DOCUMENTING THE OBSERVABLE BEHAVIORS:
FORMAL SYSTEMATIC OBSERVATIONS

Systematically coding observable behaviors can appear highly complicated, sophisticated, and time consuming. Organizing the data for use and interpreting it requires practice. But, as an individual becomes comfortable with the techniques, she or he will quickly see the value of behavioral data.

A special feature of systematic observational data is its relative objectivity. Properly gathered, observation data describes children doing particular things in particular settings with the minimum amount of inference. Objectivity can be estimated by calculating agreement between different observers. Such data assists professional teams to plan the best possible fit of a given student into a new classroom, taking into account the similarities and differences between settings. Collected by teachers, such data offers immediate information to the teachers for their daily planning and for monitoring student progress. These two features (a) adding a component of deliberate objectivity to assessment date and (b) providing behavioral data for teachers to use making daily programming plans to implement long-term goals are two key uses of systematic observation data.

Another use is captured in the maxim "seeing is believing." Whereas the first two are related to the quality and utility of the information provided, a third use focuses on mechanical aspects of the data collection procedures over time; it features quantifying behavioral characteristics in concrete numerical data to allow objective comparisons from one time and one setting to another.

Consider this example. John is brought up in staffing because the school personnel express serious concerns about his behaviors, concerns which are reflected in their ratings and other interpretations of his needs. As a result, he enters a new class, perhaps a new building, does well or poorly, and at annual review time, or when he seems to need a still more restrictive setting, or when he appears ready for full return to the mainstream, the question arises—have John's problem behaviors actually become more or less numerous and intense than they were before the change in placement? Observational data collected in the newer setting will help us answer this question more objectively. "Seeing is believing." Observation data properly collected and reported, even when different systems are used offer objective descriptions of behavior that may be compared over time and across situations. Observation data will not provide the sole basis for identification of a student as behaviorally disordered, but they make critical contributions to the evaluation process—they serve as a referent for the interpretation of data collected through procedures requiring more inference.

Systematic observation systems have been incorporated into professional training programs so that educators may acquire the accuracy and objectivity necessary for planning and evaluating data-based instruction and child change activities Observation systems used at the University of Oregon (Cobb, 1971), the Univesity of Minnesota (Wood, 1973), and Indiana University (Semmel & Thiagarajon, 1973) have been made available as manuals. Fully detailed capters on how to set up and carry out appropriate observation systems are included in a number of professional texts (Deno, 1977; Kaplan, 1982; Madsen & Madsen, 1977; Vargas, 1977; Walker, 1979; Weinberg & Wood, 1975). A training package using video disk samples of child behavor and computer assisted instruction in use of classroom behavio record (Nichols, Robinson, & Fitzgerald, 1979) is in preparation, suported by a grant from the State of Iowa Department of Public Instruction. Alessi and Kaye (1983) produced an instructional video tape of basics and a manual that covers a wide variety of observation and other behavoral assessment techniques specifically for use by school psychologists. These materials were also prepared in cooperation with the Iowa DPI and are readily available throughout the state.

Even with the selection of the best or most appropriate of the hundreds of observation systems available, the technical complexities remain enormous. An extensive literature exists on methodological issues such as fakability of subject's behavio (Johnson & Bolstad, 1973); the effect of the observer in the classroom (Masling & Stern, 1969); the complexity of coding categories (Mash & McElwee, 1974); and the amount of observation time necessary for reliable sample of behavior to be acquired (Forness & Guthrie, 1977). These issues are complicated and even their full listing is beyond the scope of this paper, but references to some will be included in the discussions of nstructional material to follow.

An excellent presentation of guidelnes for making systematic observations (Lynch, 1977) and using the data and decision making (Sitko, Fink, & Gillespie, 1977) was published s a School Psychology Monograph in April, 1977. Particulars will be cited again in this chapter, but this statement summarizes the place of formal systematic observation in the evaluation of children.

> As school psychologists become more involved in analyzing classroom and extra lassroom behavior and specific classroom environment that affect children, further meaning will be added o the understanding of child behavior. Observations "in siu" will become the "sine qua non" of school psychological srvices. The most accurate and objective data possible ar required for analyzing the problem and making recommendatons for evaluating change. School psychologists will incrasingly move from utilizing subjective basis for evaluatio to those which are more objective, verifiable, and relable, and thus, will of necessity be collectors, reviers, and disseminators of data derived from the activity of the classroom. The psychologist in the schools wil be in large part a systematic and objective obserer and interpreter of classroom events and environmets (Sitko, et al., p. 26).

Guidelines for Collecting Data From Formal Observation Systems

Nine guidelines are offered to help bring into focus certain key components of formal observation systems. Specific techniques suggested in these guidelines are the outcome of this author's struggles to produce responsible data that enables teachers to help children. These nine guidelines will be discussed as they apply to three general levels of formal observation systems:

Level A

Represents the minimum entry level of complexity, requiring the least amount of training for the observer and producing a record with the least specificity and differentiation between behaviors.

Level B

Represents a professional level of expertise requiring the creation or memorization of and facility to discriminate between four and twelve behavior codes and to record peer data as well.

Level C

Represents a fully descriptive code that includes between 20 and 40 behaviors for the subject and peers. This level provides data on the widest spectrum of positive and negative behaviors in the range of intensity from unobtrusive to severely disruptive; it is designed primarily for use by trained paraprofessionals whose jobs are to gather observation data for use by educators.

1. Select or design a coding system that describes the specific behaviors of concern. The behaviors of concern in the study of a given child may be those noted in informal observations in his or her classroom or from reports from a referring source. They are likely to be numerous and diverse if the child is generally overactive; or there may be only one or two particularly troubling behaviors such as a recurring tic or an infrequent but violent tantrum; the behaviors of concern could be inactive sitting and studying if the child's most serious problems were social withdrawal. The choice of codes must permit recording of the behaviors of interest.

The absolute minimum Level A code would be for the observer to make a plus for behaviors considered positive and a minus if negative. Walker (1979) describes just such a system for use by teachers, and Allessi and Kaye (1983) teach it as a first step toward gaining observation skills. It answers the general question, "How much of the time is the student good and how much is he or she bad?" Though actual behaviors have been directly observed, knowledge of what they look like, how intense they were, and how frequently they individually occurred could only be summarized in the observer's narrative account rather than documented by data.

A good use of a Level A system, using code symbols other than + or -, would be for specifically measuring the frequency of only one or two distinct behaviors of concern without regard for others. For instance, *T* might represent *sucks thumb* and *W*, *whine*. The observer would tally a *T* or a *W* in every time segment in which they occurred and compute the rate of incidence intervals. Kaplan's (1983) chapter, "Monitoring Behavior," contains excellent suggestions and formats for such individualized observation systems.

The Level B system has codes for categories of behavior, the arrangement Semmel and Thiagarajon (1973) recommend as providing the best picture of a student's overall behavior. Following are the categories used in several systems.

Deno 1977	Forness 1979	Alessi & Kaye 1983	Madsen & Madsen (Loney adaption, 1979)
noise	on task	motor off task	on task
out of place	verbal interaction	verbal off task	noise
physical contact	disruptiveness	passive off task	passive off task
disruption	off task		major motor
off task			minor motor

This array of categories is meant not to confuse but to demonstrate various perspectives and the critical importance of precise definition. In all cases, the behavior categories are mutually exclusive; the observer must select the one of the set that best represents the child's behavior during the entire time interval observed. When Sally suddenly rises from her seat to talk to Tom, is that *noise* or *out of place* in Deno's code? We will need to know that *noise* "may be generated vocally (including talk outs)" and that *out of place* is "movement and any sort out of the seat?" (p. 101-102), but we will also need to have established some rules of precidence for categorizing in order to know which of the two to tally. Precise definitions with examples of what behavior a category code does and does not include and under what circumstances it should be tallied are crucial to observer reliability.

The Level B code provides more information about specific behaviors within categories. The Student Observation System (SOS) developed for use by special education consultants in AEA 15 (Fitzgerald, 1979) is an example of the Level B code. It categorizes behaviors into positive and negative codes:

Fitzgerald
1979

Positive	Negative
attend	fail to attend
comply	fail to comply
positive interaction with teacher	negative interaction with teacher
positive interaction with peer	negative interaction with peer
individual instruction	noisy vocalization
class contribution	negative motor

Another code is Wood's (1980), a slightly different system in that it allows the observer to tally more than one behavior in a 30-second time interval.

Wood
1980

Positive	Negative
on task	off task
at desk	away from desk
object generated noise	vocally generated noise
positive self-initiated verbalization	negative self-initiated verbalization
positive responding verbalization	negative responding verbalization
positive gesture or expression	negative gesture or expression
positive physical contact	negative physical contact
refuses interaction	

With either of the two systems, it is possible to document with more precision the kind of behaviors that should be increased as well as decreased and to see the participants in social or antisocial interactions. With Fitzgerald's, the degree to which noncompliance (a major factor in conduct disorders) is a problem that can be measured. Both systems will require more investment in learning than the shorter ones, but the payoff of a more complete picture of the child will probably be worth it.

The Level C code is comprehensive enough to include a specific descriptive code for a wide range of behaviors, positive and negative, that are likely to be encountered in classroom, from *use of sign* to *physical aggression*. Two such systems from the University of Oregon (Cobb, 1971; Reid, 1983) were combined to include both academic and interactive behaviors and then further expanded to cover the full range of grades in school and severities of handicaps. The resulting Classroom Behavior Record (Nichols, et al., 1979) includes 32 specific behavior codes, 12 positive, and 20 negative.

An advantage to the use of such a code is that among the many behaviors that can be specifically measured are included some that are categorically the same but at increasing levels of intensity. Deno's category noise, for instance, would include the Classroom Behavior Record (CBR) codes for incidental sounds, cry, noisy vocalization, and words without meaning, not to mention those for verbal interactions. The complete list of CBR code variables and thumbnail definitions is included to serve as a menu of behaviors to consider when devising a code suitable for a particular population. Their full descriptions include both examples and nonexamples of when they should be tallied.

Observation systems at all three levels have their place. Level A, the quickest and easiest to learn and use reliably, does not account at all for "specific behaviors of concern;" to master Level B codes requires a significant investment of professional time if one is to become proficient and truly reliable; the more definitive the code, the greater the time and focus needed. Level C codes, conveying the clearest picture of all, are really only practical for paraprofessional use by trained observers who are also the least likely to be biased by knowing the child and teacher. In this way, systematic observation as an assessment technique is like most others--the greater the precision, specificity, reliability, and breadth of information desired, the greater the investment in training, practice, and time that is necessary.

2. Use a six-second interval method of coding. The simple frequency of a behavior is calculated as the number of six-second time units during which it was coded as being the most salient behavior observed. Breaking an observation into six-second intervals is a common arrangement that has several advantages. First, it allows the same coding procedure to be used for both discreet and continuous behaviors. It is easy to tally the number of times a student drops a pencil; it is harder to count the number of times he or she whines because one whine may slide into another. With this method, if pencil dropping or whining were judged to be the salient behavior during an interval, it would be coded the same way. Second, six seconds is long enough to focus the target, make a decision, and mark it. It is also short enough to limit the number of behaviors that can be performed within the interval to vie for the decision as to which one to code. (Experienced observers sometimes prefer three-second intervals, because once the physical skills are routine, the shorter time makes for clearer decisions.) Third, as a six-second interval is one-tenth of a minute, decimal computations are easily made.

Several methods of signaling the end of six seconds may be fashioned or purchased. Forness (1979) has his observers fasten to their clipboards a stop watch with pieces of red tape marking the intervals. An auditory cue is more common. A small cassette player with an earplug can play a tape recorded beep. A special beeper device that will clip easily to a clipboard or slip into a shirt pocket is commercially available.[1]

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[1]. For information about a six-second interval timer, contact Krug Enterprises, 3000 2nd Avenue; Marion, Iowa 53202.

The recording procedure is to locate the subject, observe him or her until the beeper sounds, tally the selected code as quickly as care allows, and look up to locate the next child. Using the stop watch method, one looks up to observe the child at the beginning of an interval and observes only long enough to fix a mental image of the behavior before returning the gaze to the scoring sheet and stop watch. A substantially shorter proportion of a six-second interval is actually observed using this time sampling technique. A computer compatible recording device, at the other extreme, allows the observer to touch-type the code without the gaze ever leaving the subject.[2]

3. Start a new behavior record each time the target child begins a major/new task. Knowing whether similar behaviors occur in all situations or are specific only to certain activities in certain settings is a crucial factor in evaluating behavior disorders. The observer starts a new behavior record each time the target child begins a major new task, even if in the same classroom. For instance, when Paul leaves his desk to join his reading group, a new record begins for a new session. If Paul has been completely off task at his seat but is responsive to teacher attention during reading, we don't want the usefulness of that information washed out by averaging them together.

4. Prepare coding and summary sheets in advance of observation sessions. The observation task is made much easier by setting up sheets that are easy to code and summarize. Alessi and Kaye (1983), and Kaplan (1982) have reproduced many useful examples in their books.

For Level A systems, make a simple tally sheet or grid with blanks grouped into 30 second blocks.

Figure 1

+	+	·−	+								

For longer codes, make a recognition rather than a recall task of it. Here, for example, is a scoring sheet for the SOS code.

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[2] For information about computer compatible recording direct, the Datamyte contact Electro General Corporation, 14,960 Industrial Road, Minnetonka, Minnesota 55343.

Figure 2

Interval																
1	[✓ AT]	CO	II	CC	PT	PP	1	2	FT	FC	NY	NM	NT	NP	4	5
2	[✓ AT]	CO	II	CC	PT	PP	1	2	FT	FC	NY	NM	NT	NP	4	5
3	AT	CO	II	CC	PT	PP	1	2	FT	FC	[✓ NY]	NM	NT	NP	4	5
4	AT	CO	II	CC	PT	PP	1	2	FT	FC	[✓ NY]	NM	NT	NP	4	5
5	[✓ AT]	CO	II	CC	PT	PP	1	2	FT	FC	NY	NM	NT	NP	4	5

Notice that *1*, *2*, *3*, and *4* may be circled but are not listed among codes. Fitzgerald has included these as *open variables*, and they are a useful addition to any code. Persons making observations with any regularity at all will choose one system that they can rely upon and devise score sheets that are always on hand. For a given child, however, one behavior or a unique continuation of behaviors may be of particular concern. The observer codes it to be an open variable; for instance, *whine*, or *suck thumb* could be tallied as *V3* and *V4*. The other use for an open variable is as a starting place for a confusing behavior. The observer is unsure where to categorize Teddy's quiet humming while he reads, as *verbal/off-task* or *on task*. It can be stored as *V1* until later when a decision is made in favor of one of these or to simply leave it as a separate behavior and describe it fully. In the press of making an observation, it is very helpful to use a *V* and jot a reminder of what it was, rather than lose intervals while pondering. Of course, a precise description of the behavior assigned an open variable code must be included.

A simple, mechanical help is to have packets of observation sheets run off and gummed down the left margin. This way, sheets stay in order and do not get in the way of the clip and timer on the clipboard.

On an observation summary report form, include not only identifying names of child, teacher, and school, but also these facts for each session: beginning and ending times, nature of the activity (seat work, social studies class, free time), teacher relationship to child (one-to-one, help only as requested, lead class discussion), and the number and activity of peers in session. Report summary data for each session separately and leave space to write in any brief anecdotal note that will clarify the data ("tests handed back—Amy received F"..."substitute teacher—aide also absent").

Observation data will be presented in summary form for staffings and in reports, and those figures will help support or deny a child's identification as being behaviorally disordered. The value of observation data is that they *are* time and setting specific—we can "see" what a child is doing on a particular day in a particular place—if we can be sure that a record of the times and settings remains with the data. The observation summary of each individual session should be maintained despite our concern over the bulk of files. Being able to review exactly how it was, for instance, that Bill behaved before he was given Ritalin or at the time he first was moved into a special class may be very important to his teachers and support persons serving him tomorrow—more important than knowing just that he was "78 percent appropriate."

5. Report measurements of behaviors in terms of the percentage of total time in the unit frequencies in which a behavior coded as being most salient. When Todd's teacher complains that he is "almost always out of his seat," we recognize that we have a problem. When we learn that he was out of his seat during 11 percent of the intervals during math seat work, .4 percent of the intervals during reading, and .01 percent of the intervals during social studies, we have data. Because of our coding procedures, we cannot ever say he was out of his seat 11 percent of the time. Todd moves often—during some six-second intervals, he didn't get up until the 5th second and during one, he managed to sit up and down twice. If we were to use a continuous coding system, we could time him on a stop watch and compute the actual percentage of minutes he was up; if we used a count of discrete behaviors, we could calculate the rate per minute of his bottom leaving the seat. The system recommended here works for both discrete and continuous events and is easy to calculate.

Todd's math seatwork $\frac{33}{300}$ = N of intervals (or fractions of intervals) that Todd was out of seat
(6 second intervals in 30 minutes study time)

.11 x 100 = 11%

6. Sample the behaviors of peers systematically and concurrently. Data collected are stated in terms of their comparison to the most local of norms—the behaviors of children in the same place at the same time. The method recommended here is that used by University of Oregon researchers (Cobb, 1971; Walker, 1976). Peer behaviors are sampled by coding the subject's behavior only every other interval; in alternate intervals, peers are observed one by one around the group with which the target child is occupied.

Step 1. Observer views target child, hears beep, records

Step 2. Observer views peer one seat to child's right...beep... records

Step 3. Observer views target child...beep...records

Step 4. Observer views peer two seats to child's right...beep... records

This continues until the entire group has been sampled, then begins again. Now we have data that, using the expanded Madsen and Madsen code with an open variable, might look like this:

Figure 3

Name Tom Smith Date Feb. 14, 1984 Page 1
Teacher Jane Jones In 8:12 Out 8:48 Peers 9
Class Activity Valentine party
Special Variables V1:
V2: use of obscene words

Interval	Child							Peers						
1	+	N	M	[✓ m]	P	V1	V2	[✓ +]	N	M	m	P	V1	V2
2	+	N	M	[✓ m]	P	V1	V2	[✓ +]	N	M	m	P	V1	V2
3	+	N	M	m	P	V1	[✓ V2]	+	N	M	m	[✓ P]	V1	V2
4	+	N	[✓ M]	m	P	V1	V2	+	N	M	[✓ m]	P	V1	V2
5	[✓ +]	N	M	m	P	V1	V2	+	N	M	m	P	V1	[✓ V2]

Alessi and Kaye (1983) produce similar data by having the child's teacher nominate a "typical" child whose behavior is then coded every other interval opposite to the target child's. Deno recommends that the observer record a full minute of the target child's behavior and then full minutes of peers' behaviors every other term. A disadvantage of the system of coding alternate peers on alternate six-second intervals compared to the other two methods is the difficulty in keeping track of the sequence if children are milling about. During such times as recess, peer data so gathered are likely to be meaningless and so are usually left out. Advantages of the alternating six-second system are its providing a broader sample of behaviors even over a short time and its making the observer's attention on the target child less conspicuous as his or her gaze shifts frequently from face to face and around the room. A good observer develops excellent peripheral vision!

7. Make regular reliability checks. Johnson and Bolstad (1973) point out that the requirement of scorer reliability is just as important in behavioral assessment as it is in more traditional forms of assessment. They describe the problems of observer bias, their conspicuousness and personal attitudes, the demand characteristics of a study, and student fakability (as some of the sources of observation unreliability). The conclusion that they draw, however, from both their own research and that of others is that "Any positive finding which

emerges in spite of a good deal of 'noise' or error variance is probably a relatively strong effect." (authors' underlining; p. 17)

If highly trained observers, who use their skills regularly, produce a good deal of noisy error variance, how can the school psychologist or consultant, who has limited time to devote to observation, feel that he or she is presenting reliable data? Certainly, practice will make, if not perfect, at least adept. Selecting a code and using it regularly as an instrument for ongoing process assessment will help maintain skills that will be rusty, perhaps even unusable, if left on the shelf between behavioral disorders staffings. The best way to check reliability is to make observations of the same scene with a colleague and compute the percentage of agreement on the intervals coded. The formula is agreements divided by agreements plus agreements times 100. The Area Education Agency can make a valuable contribution by having videotapes available for reliability checks either for pairs of observers to compare their codings against or by providing a model observation record made by an experienced observer for individuals to use as a standard.

Lynch (1977) suggests that if such an arrangement is impossible, observers can determine the consistency of their own coding by acquiring a videotape of classroom behavior and completely coding it. Then, after an interval of at least several hours, the observer recodes the tape and reevaluates all the complexities of similar behaviors in varying contexts. This will help to sharpen definitions and perceptions.

8. Schedule observation sessions at various times of day, during a variety of activities, and with different teachers for as many days as can be arranged. Observations must be made of as full a sample of a child's world at school and on as many days as possible. A set of brief observations arranged on one day solely to gather data for staffing is not likely to be completely accurate as a measure of a child's overall behavioral characteristics (Brophy & Good, 1974). Forness and Guthrie (1977) observed a kindergarten class for 18 days using Forness' four category code. They found that around the fourth day, correlations between daily averages and total averages were high and beyond that did not get higher. Recall, however, that positive findings — the documentation that a behavior exists — are most likely to be accurate; it is negative findings — that a behavior does not occur — that are untrustworthy. It is reasonable to believe that it might take four or more days of presence in a classroom to witness a major tantrum. One day, on the other hand, is likely to be quite enough to document the overactivity of a child with an attention deficit.

If a one-day observation is all that can be arranged, it is especially important that the observer sample children's behavior everywhere possible. Just as "behaviors of concern" are to be observed, so should "situations of concern" be. If Julie misbehaves during most periods of her fourth grade week but loves music class, the observation should be scheduled on a day that includes music. If one day's observation data cannot be assumed to represent Julie's global behavioral characteristics, it can show us how, on that day, she behaved in one setting in comparison to another and in comparison to all the other fourth graders.

One way to find out how representative of a child's general behavior a single day's observation record may be is simple — ask the teacher. In an experimental project using the Classroom Behavior Record (CBR) system to observe 96 children in the Grant Wood Area (AEA 10), brief questionnaires entitled "Tell Us How It Went" were left with homeroom teachers (Nichols, Mehm, Knutson, & Werner, 1983).

Table 1
TELL US HOW IT WENT

Do you feel the behavior we observed today is typical of the child's usual behavior?	Yes 46	No 34	Not Returned 16
If NO, how do you feel the behavior differed?	Better 28	Worse 6	
Could you tell us more specifically how the behavior differed?	(various answers)		
Do you have any hunches as to why the behavior differed on this particular day? (Some respondents reported several; categorized by author)	—presence of observer made child worse —child's meds changed —no idea —child characteristics (sick, tired, etc.) —class characteristics (Monday, vacation, etc.) —presence of observer made child better	3 3 6 6 13 18	

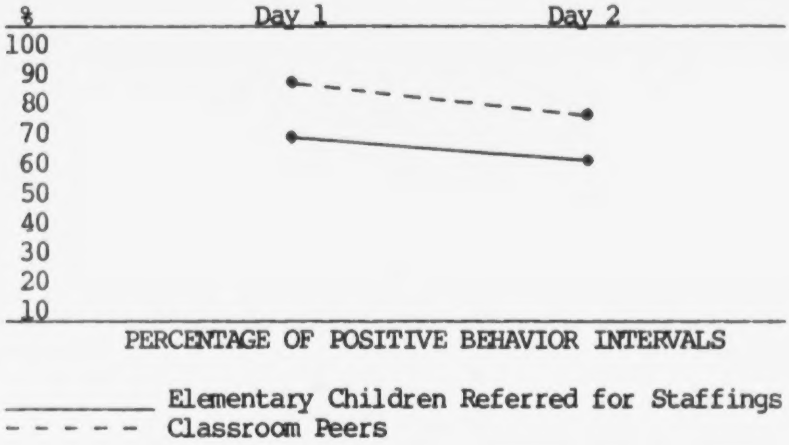
Recall that teachers are reliable informants. Their opinions about the validity of an observation session are as important as other descriptions of the specific situation in which the data were collected.

In the Grant Wood project, three days of observation were scheduled for each child in the first phase of the study, two for the second phase, and one for the third unless the feedback from the teacher indicated that the observation was invalid, in which case a second day's observation was completed. Of 13 redone, 10 second day observations were judged representative, and 3 were still unsuccessful.

Comparisons between day 1 and day 2 results showed there to be a general 5% decline in positive behaviors from the first day to the second. This was true not only of the students who were the target subjects of the observation; their peers' behavior also became worse as they apparently became used to the observer's presence and loosened up.

This varied between subgroups. For instance, autistic subjects produced the same or better rates of positive behavior — as one might expect of children who often appear oblivious to the presence of others.

Figure 4



9. Set up systematic observation systems of low-rate behaviors. Although Forness (1979) found that kindergarteners were likely to have displayed their full repertoire of behaviors, including low-rate behaviors, by the end of a fourth day of observation, eighth graders may well not have done so — Forness notes that his findings conflict with other researchers. His uninhibited five year olds may well show their style of aggression within four classroom days, but wary thirteen year olds are unlikely to show theirs within classrooms, especially with an observer there.

Quite often it is exactly these low-rate behaviors that are truly the "behaviors of concern," and data about their frequency and intensity can still be gathered. Some behaviors are so noticeable that they will never escape attention. The number of seizures, fist fights, or tantrums can be tallied and easily converted into data — .7 seizures per day, .3 tantrums per hour, 2.3 fights per week (fights defined as "at least one exchange of kicks, hits, or other assaults with a potential for tissue damage").

It is possible to engage an ally to gather systematic observation data. For example, an aide can set an alarm on a watch to sound every twenty minutes throughout the school day. Each time it begins, the aide will look at eight year old Heather, see if she is sucking her thumb and mark a schedule sheet accordingly. The school psychologist will report the percentage of sample moments during which Heather sucks her thumb, and her teacher will then have baseline data against which to measure change. Of course, this high-rate behavior could have been tracked on the CBR as self-stimulation or included as an open variable, or been coded as motor off task in the Alessi code. But it may well be more useful in Heather's particular case to know both how often she sucks her thumb and what else it is she does while she sucks it.

WHAT DO SYSTEMATIC OBSERVATION DATA TELL US ABOUT A CHILD?

Systematic observation data do not tell us the Truth — they tell us many truths. Often we report the total percent of positive versus negative behavior intervals as a summary statistic. This may be useful shorthand, but it is nothing at all like a WISC-R full scale score. That represents something centrally true or valid about a child, and care is taken to minimize the effects of situational influences extraneous to the tasks by which it is determined. Observation data are about situational influences and how they affect the child. Their greatest value is their possibility for variability.

The observation methods described here are recommended for use in comprehensive educational evaluations for several reasons. First, they are relatively simple, even the Level C systems. The data they produce are straight forward and take little technical explanation to be understood by teachers or parents. Second, these systems are focused on children's behaviors and record teacher responses only incidentally, e.g. as in the CBR's disapproval gained. Teachers may be uncomfortable if they perceive that is their behavior that is being evaluated. Third, they always include their own norms, the comparative data gathered on peers' behaviors in the same environment.

There are questions that other observation systems can better answer; the hypotheses generated by the systems described here can be checked out by using them. They vary from the complex — such as Knutson's (1979) system where child-adult interactions are coded continuously so that behavior sequences can be studied — to the simple — such as Walker's where the observer simply circles the tally for a child's behavior that is reinforced by the teacher and slashes those that are disapproved. In fact, a formal systematic observation system can be devised for nearly any purpose so long as the behaviors being counted are precisely defined and their frequencies reported in terms of rate or percentage.

It cannot be reiterated too often that the greatest value of each observation record will be in close study of the specific interactions of child and setting. As these records are summarized, they do differentiate behavior clusters characteristic of certain groups. In the following table is a summary of preliminary data from the Grant Wood AEA observation project.

These figures appear consistent with Forness's (1979) summaries of the observations of 220 elementary-age students in classes for the educationally handicapped, California's term for learning disabled and emotionally disturbed children. In his judgment an individual child whose

Table 2

Percentages of Intervals of Behaviors
Elementary Students
Classroom Behavior Record System
Grouped by Diagnostic Category

	TOTAL POSITIVE	ON-TASK	ACADEMIC ACTIVITY	APPROVED INTER-ACTION	TOTAL NEGATIVE	OFF-TASK	DISRUPTIVE	DISAPPROVED INTER-ACTION
a. Reg. Ed.	83	70	5	7	17	8	4	5
b. New LD	74	60	8	6	26	12	6	8
c. New MD	63	40	11	12	37	8	18	11
d. New BD	61	47	7	7	39	15	13	10
e. New Aut.	59	33	13	13	41	18	17	6
f. BD Class	80	57	14	9	20	10	7	3
g. Aut. Class	68	32	16	20	32	16	9	6

A. Peers in regular education classrooms N = 1100
B. Subjects newly staffed as Learning Disabled N = 9
C. Subjects newly staffed as Mentally Disabled N = 5
D. Subjects newly staffed as Behaviorally Disordered N = 18
E. Subjects newly staffed as Autistic N = 6
F. Subjects in special classes for Behaviorally Disordered N = 18
G. Subjects in special classes for Autistic N = 8

(Nichols, et al., 1983)

total percentage of positive behavior falls below 70 percent may be considered at risk for behavior problems, and when it reaches 50 percent, intervention would be warranted. In terms of disruptive behavior only, 10 percent is the at-risk and 15 percent the warrants-help levels. The Grant Wood data confirm what Forness termed an unexpected finding — that levels of children's appropriate behavior in LD/BD classrooms tend to equal that found for normal children in regular classrooms. In our study, the total positive for regular education children and for those already placed as BD students are 83 percent and 80 percent respectively.

The only large difference (9 percent) is in the balance of the code clusters on-task and academic activity; it appears that behavioral disordered students are more frequently engaged in individualized instruction, class contribution and initiating to teacher than are regular education children. Perhaps these are critical differences in our BD classrooms.

For comparison of the kinds of data that are produced by observation codes at levels A, B, and C, three records of the same brief scene of Mandy in her preschool class are presented.

Table 3

Number and Percentage of
6-Second Intervals

LEVEL A Walker Code 1979			LEVEL B Forness Code 1979			LEVEL C CBR Code 1979		
	C	P		C	P		C	P
positive	37 55%	64 96%	on task	18	40	attend to task	16	38
						incidental sounds	2	-
						incidental motor	-	2
			verbal interaction	19	24	individual instruction	5	-
						positive with teacher	2	7
						initiative to teacher	2	2
						approval gained	-	1
						positive with peer	10	15
negative	30 65%	3 4%	off-task	-	2	fail to attend	-	1
						minor motor	-	1
			disruptiveness	30	1	fail to comply	1	-
						noisy vocalization	6	-
						cry	2	-
						inappropriate locale	2	-
						negative with teacher	1	-
						physical intervention by teacher	6	-
						disapproval gained	7	-
						negative with peer	5	1

Frequency counts of 13.4 minutes of behavior in preschool developmental class.
C = child, Mandy, age 5; P = peers; N = 17.
Large group activity time; teacher and aide available.
"Upset when peer pulled mat off jungle gym. Yelled at him, cried, taken to hall to settle down."

Using our Level A data, we see that Mandy's 55 percent positive behavior places her at risk but does not quite indicate a need for intervention. But from our Level B data, we learn that 30/67 intervals were coded disruptive, 45 percent of the total, and that indicates that intervention is warranted. Finally, from Level C data, we begin to form an image of just how things looked, to evaluate Mandy's interactions with her peers, to get an idea of the nature of adult attention, and to form a tentative hypothesis about what might need doing for Mandy. And, of course, we put that in the context of the data we have about her other activities that morning, and perhaps, for other mornings too.

Collecting data by systematically coding observed behaviors is an unfamiliar procedure for many of us who are now requested to do so. The best beginning is probably made by using a system of marking six-second intervals on a stopwatch and using a simple + and - code for appropriate and inappropriate behaviors. It will be fairly easy to become reliable doing this for just the subject and peers can be added. This step takes more practice. It is difficult to get used to restricting one's attention to only the child whose turn it is to be observed -- especially when your target child is glimpsed doing the very thing you have come to see that never seems to happen when it is his turn to be coded! With that mastered, select a code from those published that seems best to categorize the behaviors you will most often assess, considering age and handicaps, if any. Outfitting yourself with an auditory interval signal will pay off in increasing the time of your visual attention to the classroom scene. As you become a reliable observer within the limits of a prescribed code, you will quickly gain confidence in expanding and changing it or in designing individualized codes to provide particular information of interest. There is merit, however, in consistent use of one basic observation code, for as it is used repeatedly by a group of colleagues, it more readily communicates shared perceptions and experiences.

Another option is to organize a small cadre of observers within an AEA or school district who will acquire the training and practice needed to specialize in making systematic observations of greater specificity and breadth of description than possible in the Level B categorical codes. It may prove effective in cost and in assurance of having reliable, high quality data collection to employ and train a paraprofessional to serve as an observation aide. By having such a person make structured observations by referral from the school psychologist, not only does it free that person from making repeated trips to the classroom in order to get a representative sample of the child's behavior, it also increases the objectivity of the observation; the observer need know nothing more about the child to be coded than his or her name and the color of his shirt.

Whoever collects observation data and whatever the method, the contribution to our understanding of students will depend even more upon the skills of the consumers -- those who will make decisions about the daily lives of children. Beyond the summary sheets and written reports, the collectors of systematic observation data must communicate to teachers and support staff what that information has to offer them as they plan, carry out, and assess the effectiveness of their work with their students. The formal procedures of quantifying as data the behaviors of children are techniques that can be learned by anyone with reasonable intelligence and motivation — the ability to analyze that information, incorporate it into a body of assessment data, and make judgments that serve children according to their manifest needs is the critical element for including systematic observation in our identification model.

DOCUMENTING THE PERCEPTIONS OF SCHOOL PERSONNEL: BEHAVIOR RATING SCALES

The current emphasis in the identification process of behaviorally disordered students is on increasing the use of objective data obtained through direct observation. The identification concerns have been legislatively underscored in the definition of behavioral disorders which specifies areas in which pupil behavioral data is to be collected. These specifications include the gathering of information through checklists or rating scales documenting perceptions of school personnel concerning the behavioral patterns of the referred student. Of course, checklists and rating scales were widely utilized prior to the issuance of this new definition. Special education support personnel have employed these scales as a means of deriving comparative and concise descriptions from teachers for years.

The results of a survey of Iowa staffing teams (Sodac, 1979) indicated that support team members value the use of behavioral rating scales in the following areas: (a) as a systematic method of describing student behavior, (b) as a standard means of providing information to parents at staffings and conferences, (c) as a means of identifying patterns of disordered behaviors, (d) as one basis for determining the need for intervention, and (e) as a means of gauging the relative severity of behavior symptoms.

Questions arise in the selection of a scale or checklist to employ. In establishing the groundwork for this chapter, an informal survey of each AEA was undertaken to ascertain which instruments were most prevalent in use throughout the State of Iowa. No one rating scale emerged as the general choice. In fact, no one rating scale was uniformly employed within each AEA. This finding agrees well with the results of a recent national survey undertaken by Goh, Teslow and Fuller (1981) on the reported utilization of behavior rating scales. They report a growing interest in using rating scales as a part of a comprehensive assessment procedure. No particular scale had been adopted by the majority of school psychologists surveyed. Of those psychologists reporting frequent use of commercially available rating scales, 33 percent used the Devereux Scales while 24 percent used the Walker Problem Behavior Identification Checklist. Goh and Fuller (1983) suggested that many school psychologists may not be familiar with the variety of behavior rating devices available.

With over 200 rating scales or checklists available and numerous informal devices being used, there is no wonder practitioners do not agree in choosing which one to employ. Reference to some of the critical reviews of rating scales and checklists may help. Walls' "Behavior Checklist" (1977), Swift and Spivack's "Critical Review of Teacher Administered Rating Scales" (1973) and Buros' Mental Measurement Yearbooks try to guide consumers in selecting and comparing scales so as to choose those which are of high utility and sound design.

To reduce confusion surrounding which rating scale to adopt, this chapter will briefly introduce or reacquaint the practitioner with a variety of points to consider when evaluating instruments. Comparative tables are included so that practitioners can more easily select instruments that meet their needs. Comparative design motives, item selection, and rater responding approaches will be discussed. The tendency of rating instruments to cluster behaviors will be explored. The general applicability across grade levels will be illustrated, along with comparative information on validity, reliability and normative data. These concerns will be related to fourteen instruments currently being used throughout Iowa. The rating scales and checklists discussed are by no means all those that may be appropriate for use when complying with the pupil behavioral data requirement of the State of Iowa definition for behavioral disorders.

Design Motives

Behavior rating scales and checklists can be viewed as intending to be descriptive, prescriptive or diagnostic according to the primary motive of the developer. Frequently there are overlaps in intent. Instruments such as the Revised Behavior Problem Checklist (Quay & Peterson) and Walker Problem Identification Checklist (Walker) are described as having both descriptive and diagnostic qualities. Instruments that are intended to be descriptive select items and phrases that objectively describe observable behaviors. They serve as a standard means of communicating behaviors to others. The Devereux Scales, Hahnemann Scales, Behavior Rating Profiles, Jesness Behavior Checklist and the Child Behavior Rating Scale can be viewed as descriptive.

Prescriptive instruments employ descriptions of observable behavior but also provide guidance for intervention and instruction. The Developmental Therapy Objective Rating Form (DTORF) and Mooney Problem Checklist are prescriptive in this sense.

Other instruments like the Conner Teacher Rating Scale-Revised, Rutter Child Behavior Rating Scale, Burk's Behavior Rating Scale, Achenbach Child Behavior Checklist and Bristol Social Adjustment Guide (BSAG) appear to be tended primarily as diagnostic devices. Diagnostic instruments assist in attaching clinical nomenclature to the behavior and concern; i.e., hyperactivity, excessive anxiety, obsessive-compulsive.

The use of the term diagnostic is not intended to be pejorative. Several of the instruments use diagnostic labels similar to DSM III terms (APA, 1980) to describe clusters of scale items. But, the labels are generally intended to be summary descriptions and some developers have specifically stated their concerns that their behavioral categories not be interpreted as diagnostic labels. Achenbach (1979) refers to his eight factors as "concluding descriptions," and not necessarily representing diagnostic categories. Generally the developers of "diagnostic-type" rating scales perceive their instruments as designed to be used only as part of the comprehensive diagnostic process.

Most of the instruments, regardless of their design intent, would have value for documenting the presence of specific patterns of behavior described in Clusters I, II, III, and IV of the behavioral disorders definition. Certain instruments could be of value in describing the presence of specific behavioral disorders such as Conner's Scale (hyperactivity) and the Jesness Checklist (deviant disruptive patterns).

Item Selection

The items selected to describe the student's repertoire of behaviors have been chosen from the universe of descriptive statements obtained from classroom teachers, clinical records, and parental referrals. The BSAG and Walker items were derived exclusively from narrative teacher comments submitted to the developers. The BRP's selection of items was refined from comments obtained from parents of special education youngsters and their teachers. The Hahnemann and Devereux items were created through intensive discussions between mental health professionals and regular education teachers. The items appearing on the RBPC, Jesness, Burks, and Achenbach's CBC were formulated from frequently appearing concerns on clinical records. Instruments that were refined either through direct classroom observation or with input from classroom teachers may be most useful to educators. The descriptive phrasing of the items would presumably be closer to that viewed by classroom teachers when describing the behavior of students. Several scales would meet this criteria.

Responding to many of the items requires much inference by the rater. General terms as "aggressive" or "does not like school" are at least one step away from direct description. Caution is suggested when employing instruments that reflect a great degree of inference responding. There would seem to be less margin for error if teachers and others respond directly to descriptions of observable behavior.

The selected descriptive items are generally transformed into checklists and rating scale items and refined through experimental editions. The refining process is intended to increase the usefulness of the instrument by deleting infrequently used and ambiguous items.

Rater Scoring Approach

The items on the instrument are arranged as either an actual checklist or as a rating scale. On a checklist, the rater is instructed to indicate the presence of a particular behavior by underlining, checking, or circling the descriptive statements. Examples of checklists are the Mooney, DTORF, Walker, and the BSAG. Indicated items can either be scale scored or remain as descriptors of the concerned behavior. Rating scales instruct the rater to indicate the severity or intensity of the behavior on a continuum as well as indicating its presence. The continuums generally require a subjective value judgment (i.e., of little concern, does it all the time, never observed, sometimes...), and are assigned point values of anywhere from 1-7. The point values are tallied and are frequently agglomerated into clusters or dimensions of behavior for interpretation. Often confusing to the consumer is lack of relationship between the actual characteristics of an instrument and its title. The DTORF is called a rating form but in actuality is a checklist. The Jesness and the BPC are referred to as checklists but require the user to rate behaviors. The lack of an accepted nomenclature does confuse consumers.

Table 4

	RATER SCORING		ITEM SELECTION SOURCE			INSTRUMENT DESIGN UTILITY			RESPONSE MODE	
COMMERCIALLY AVAILABLE INSTRUMENTS	Checklist	Rating	Clinical	School	Home	Descriptive	Prescriptive	Diagnostic	Overt	Inference
Achenbach's Child Behavior Checklist (CBC)		*	*					*	*	*
Bristol Social Adjustment Guide (BSAG)	*			*		*			*	
Burk's Behavior Rating Scale (BRS)		*	*					*		*
Brown-Hammil's Behavior Rating Profile (BRP)		*	*	*	*	*		*		*
Cassel's Child Behavior Rating Scale (CBRS)		*	*			*				*
Conner's Teacher Rating Scale - Revised		*	*		*			*	*	
Developmental Therapy Objective Rating Form (DTORF)	*						*			*
Devereux Behavior Rating Scales (DESB, DAP, DCB)		*	*	*	*	*		*	*	
Hahnemann School Behavior Rating Scales (HESP, HHSB)		*	*	*	*	*		*	*	
Jesness Behavior Checklist		*	*			*		*	*	
Mooney Behavior Problem Checklist	*						*			*
Quay-Peterson Revised Behavior Problem Checklist (RBPC)		*	*			*		*	*	
Rutter Child Behavior Rating Scale										
Walker Problem Behavior Identification Checklist	*			*		*		*	*	

Factor Correlations

Most instruments group contributing items into domains or dimensions of highly intercorrelated behaviors. These behavior domains are derived from factor analysis studies of ratings obtained through use of the instruments with populations of various sizes and characteristics. Factor

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analysis uses statistical procedures to reveal which behaviors tend to occur together (Quay, Morse, & Cutler, 1966; Pimm, Quay, & Werry, 1967; Spivack & Swift, 1966; Swift, et al., 1972; Jesness, 1974).

Herbert Quay and his colleagues' studies of behavioral dimensions dominate the literature. They originally identified four behavioral dimensions labeled conduct problem, inadequacy or immaturity, personality problems, and subcultural delinquency. These four dimensions have been found in many separate analyses of ratings obtained using their own and a variety of other scales (McCarthy, & Paraskevopoulos, 1969; Quay, 1972, 1975; Quay, Morse, & Cutler, 1966). A revision of the Quay-Peterson problem checklist has recently been completed. The psychometric properties of the scale were strengthened and the item pool was expanded. A factor analysis of the new checklist produced six behavioral dimensions (Quay, 1983).

With the exception of the DTORF and Mooney Checklist, all the instruments reviewed referred to behavioral dimensions, factors, clusters, or patterns of related behavior. Generally, each behavioral dimension is comprised of 3-30 items that appear to have co-existing quality.

Swift and Spivack (1973) have similarly grouped behaviors into related clusters, not only on their own instrument but in comparative surveys of commercially available instruments. In their 1973 critical review of teacher-administered rating scales, they defined five behavioral clusters measured by most scales. The dimensions were established through a rational analysis on the basis of at least superficial similarity. Swift and Spivack's common behavior clusters are:

Group I	Consists of active, outerdirected behaviors that usually cause management problems in class or at least call forth controlling responses from teachers.
Group II	Comprised of more recessive behaviors, reflecting anxiety, social withdrawal, timidity or unhappy inner experiences.
Group III	Encompasses dimensions tapping adaptive behaviors in the classroom.
Group IV	Describes dimensions that are relatively specific to cognitive functioning.
Group V	Viewed as merely an "other" category.

Swift and Spivack's behavior clusters do provide educationally useful information to the professional selecting an appropriate instrument for appropriate application. Utilizing Swift and Spivack's basic table format, the instruments being reviewed in this chapter have been similarly compared. Table 5 shows how reported dimensions of these instruments compare to Swift and Spivack's behavior clusters.

Table 5

DIMENSIONS MEASURED	Achenbach's Child Behavior Checklist	Bristol Social Adjustment Guides	Burk's Behavior Rating Scale	Brown-Hammil's Behavior Rating Profile*	Cassel's Child Behavior Rating Scale	Conner's Teacher Rating Scale-Revised	Developmental Therapy Objective Rating Scale	Devereux Behavior Rating Scales	Hahnemann Rating Scales	Jesness Behavior Checklist	Mooney Behavior Problem Checklist*	Quay-Peterson's Behavior Problem Checklist	Quay-Peterson's Revised BPC	Rutter Child Behavior Rating Scale	Walker Problem Behavior Identification Checklist
	COMMERCIALLY AVAILABLE INSTRUMENTS														
GROUP I Aggressive, Destructive, Disobedient Restless, Cannot sit still External blaming, Impatient Does not assume responsibility Irrelevant verbal responding Passive, Resistant, Sulking Dogmatic, Inflexible Expressed Inability in school work	*	*	*		*	*	*	*	*	*		*	*	*	*
GROUP II Socially withdrawn, Timid, Immature Anxious, Worried, Fearful Neurotic symptoms	*	*	*		*			*	*			*	*	*	*
GROUP III Good general school adjustment Enthusiastic, Creative, Interactive Positive relationship to teacher Socially outgoing, Friendly Emotionally controlled and sensitive							*	*	*						
GROUP IV Reasoning, Comprehending Cognitively disoriented Inattentive, Distractible Reliant on external support Lacks intellectual independence		*	*					*	*				*		
GROUP V Poor work habits Quits easily Evidence of neglect at home	*	*	*		*			*	*	*		*	*	*	*

*Instrument Does Not Employ Factor Inter-Relatedness

At a cursory glance of Table 5, the four behavioral dimensions bear a resemblance to the current State of Iowa's descriptive clusters of behaviorally disordered characteristics. "Significantly deviant disruptive, aggressive or impulsive behaviors" (Cluster I) closely correlates with the active, outerdirected behaviors described in Group I on the table. "Significantly deviant, withdrawn or anxious behaviors" (Cluster II) is comparable to the recessive, reflective behaviors listed in Group II. "Significantly deviant thought processes manifested with unusual communication or behavioral patterns..." (Cluster III) could be loosely viewed as resembling the cognitive behaviors particularized in Group IV. The autistic behaviors of Cluster IV do not have a counterpart in the table. Instruments that measure across Groups I, II, and IV may need consideration for utilization in documenting the specific behavior clusters of the Iowa definition. The positive adaptive behaviors of Group III will be absent or overshadowed by the primary problems of the behaviorally disordered youngster. Of course there is an obvious value in choosing a rating scale that covers positive, adaptive behaviors as well as problem behavior, but the requirements of the definition will be met by a scale that focuses on problems. The table shows that is indeed the focus of most of the scales reviewed.

Supportive Documentation

Alien statistical terminology, formulas, equations, and tables greet readers throughout most of the rating scale manuals. To the novice this can be overwhelming. Keep in mind that this supportive data is intended to show the practical usefulness of the instruments. The value of an instrument is in its ability to discriminate between students who evidence behavior disorders and those whose problem behavior is only typical of their age and sex peers. The validity and reliability studies establish the instrument's consistent accuracy in discriminating between the typical student and the atypical student.

Special commendations are to be given Hammill and Brown's approach in preparing their BRP manual. This manual is easily read, concisely written, and provides understandable explanations for each of the reported research studies. It serves as an excellent reference and resource.

The supportive documentation generally can be located in each instrument's manual. The instrument manual should sufficiently acquaint you to the information required for not only administering, scoring and assessing the instrument's results, but in providing norms and data on reliability and validity. Most important, the manual should address the number and nature of subjects on whom norms, reliability and validity were established.

Reliability

A particular scale is seen as reliable if it consistently yields similar results when repeated measurements are taken of the same subjects under similar conditions. Two methods of measuring reliability should be of importance to the consumer: (a) test-retest reliability and (b) inter-rater reliability.

To etablish test-retest reliability, a group of raters are requested to complete the same instrument for the same youngster at two or more designated times, usually separated by at least one week. If the resulting scores correlate positively, the scale is said to have reliability. A behavior scale is said to have inter-rater reliability if two or more individuals who have adequate familiarity with a student's behavior rate the student similarly.

Validity

Search the manual for the instrument's reported validity. Validity concerns what the instrument measures and how well it does so. Do not accept general statements that an instrument has high or low validity. The reported validity must be reviewed with reference to the particular use for which the instrument is being used. If an instrument is to measure disordered or deviant behavior, then it would appear reasonable to expect the instrument to discriminate between subjects who have been referred to psychiatric or clinical facilities and those who required special education programs or juvenile rehabilitation. It would seem important to relate these scores to what would be expected at certain grade levels, age ranges and sex differences in both normal and disturbed groups.

The specific methods used for specifying validity are numerous and have been described in the measurement literature (Guilford, 1956). The methods for determining validity to be addressed in this manuscript are those related to content, criterion-related and construct validity.

Content Validity

Content validity refers to the coverage by the items selected of the content domain of concern, in this case, behavioral disorders. From what sources were these items obtained? Content validity is sought by seeking input from classroom teachers, mental health professionals and parents. An instrument is said to have content validity when there is a high agreement among reviewers that the items adequately cover the phenomenon this scale purports to assess.

Associated with content validity is item validity. Item validity involves the systematic examination of the checklist items to determine if each individual item contributes to the description of behavior deviants. Irrelevant or ambiguous items would have low item validity. Item validity is generally reported in a numerical index called correlation coefficient. Perfect validity has the correlation coefficient of 1.0. A zero correlation indicates a complete absence of a relationship.

Acceptable validity coefficients should range from .40 to .80 according to Guilford (1956).

Criterion-Related Validity

Criterion-related validity would indicate the value of an instrument for predicting an individual's resemblance to a previously diagnosed population. Manuals vary in the type of criterion-related validity studies they report. Most commonly cited are studies of concurrent, predictive, and contrasted group validity. Concurrent validity studies are undertaken to determine what degree of correlation exists between the experimental instruments results and those obtained when previously established scales are used to rate the same individuals. Do the findings differentiate normal behavior from diagnosed disordered behavior? If so, the scale shows contrasted group validity. If individuals predicted to be behaviorally disordered on the basis of their scale scores alone are also classified as behaviorally disordered on the basis of clinical diagnosis or direct observation, the scale is said to show good predictive validity. Most manuals will report one or more forms of criterion-related validity. If the instrument does not discriminate or predict validity, then it has minimal value.

Construct Validity

The construct validity of an instrument is the extent to which the scales are said to measure a theoretical construct or trait pattern suggested by the developer. Correlations are sought with age, other trait measures, and achievement and mental health criteria. Of particular importance to construct validity is factor analysis. Factor analysis is a refining technique for analyzing the inter-relationship of behavior data and the end revealing of clusters and common traits. Construct validity is a subtle concept, and few behavior rating scales have well established validity of this type, probably because most are more concerned with description of behavior rather than internal trait structure.

Normative Sampling

A student's raw score on any checklist or rating scale has limited value unless it can be compared to a distribution of other student scores. Most behavior instrument developers collect scores on samples of individuals already labeled as exhibiting significantly deviant behavior. These individuals frequently are those who have been been diagnosed in clinical settings, are receiving psychiatric treatment, or are being treated in residential treatment centers. Several manuals include studies of student scores obtained from special education settings. Data from samples representative of so-called normal populations provide an even broader basis for comparison of scores. Then a score can be related to a range or distribution of scores obtained by behaviorally deviant or normal populations. Resulting interpretation yields an indication of that student's relative adjustment. The closer the score compares to the scores of the various representative groups, the greater the probability of that score suggesting a deviance from the realm of normal behavior. Predictive validity is enhanced and the instrument's utility is heightened.

Of further interest to the instrument user is the characteristics of the sample population. Data such as age, sex, achievement, intelligence, socio-economic status, rural versus urban scoring and clinical diagnosis assists in the comparison of scores.

The distribution of scores are generally reported as percentiles or in standard scores. Standard scores frequently are reported as "T" scores or in deviation units from the norm.

Table 6 was designed to assist the consumer in comparing availability of supportive data among the various behavior scales listed. The table compares each scale with availability of reliability, validity, and normative data in addition to comparability with achievement and intelligence. The achievement criterion is not as frequently available as the other data, but there appears to be a positive correlation between teachers' ratings and achievement (Harris & King, 1982; Lambert & Hartsough, 1973; Spivack, Swift & Prewitt, 1971). Studies indicate that teachers appear to rate along academic competency dimensions and that deviant behavior is judged in terms of its interference with academic achievement.

Comparative Evaluation of Instrument Utility

A subjective analysis of eleven instruments was done by this author. Each instrument was evaluated in the following ten categories: manual usefulness, normative data, the resulting profiles, usefulness in relating to the current behavioral disordered clusters in the State of Iowa, the usefulness of the instrument's results as an interpretative aid in communicating about the child, the instrument's reliability, the instrument's validity, the phrasing of the items, and from where items were selected.

Each of the eleven instruments was rated 0-1-2 on each category. The "0" indicated poor, the "1" indicated adequate, and the "2" indicated good. The resulting total scores are referred to as the utility score of the instrument. The end results of the evaluation are shown in Table 7.

Total utility scores can be loosely interpreted in the following manner: 0-9 indicates limited utility; 10-20, high utility. The term "utility" refers to the instruments general usefulness to educational support personnel. This usefulness can be viewed in the ability to extract information obtained from the instrument for use in communicating descriptions of behavior, providing comparisons of normal versus atypical

Table 6

INSTRUMENT	CRITERION-RELATED VALIDITY											RELIABILITY			NORMS	
	Achievement	Sex	Age/Grade	Mental Health	Intelligence	Predictive	Construct	Content/Item	Instrument	Physical Condition	Socio-Economic	Test-Retest	Inter-Rater	Internal	Standard Scores	Percentiles
Achenbach's Child Behavior Checklist (CBC)		*	*	*		*	*	*				*	*		*	
Bristol Social Adjustment Guide (BSAG)		*	*	*		*	*	*		*	*	*		*		*
Burk's Behavior Rating Scale (BRS)		*	*	*	*	*	*	*	*	*		*				
Cassel's Child Behavior Rating Scale (CBRS)		*	*		*	*								*	*	
Conner's Teacher Rating Scale - Revised		*	*	*		*	*		*		*	*	*			
Developmental Therapy Objective Rating Form (DTORF)																
Devereux Behavior Rating Scales (DESB, DAP, DCB)	*	*	*	*	*	*	*	*				*			*	
Hahnemann School Behavior Rating Scales (HESP, HHSB)	*	*	*	*	*	*	*	*				*			*	
Jesness Behavior Checklist		*	*			*	*		*			*	*		*	*
Quay-Peterson Revised Behavior Problem Checklist (RBPC)	*	*	*	*	*	*	*	*				*	*	*	*	
Walker Problem Behavior Identification Checklist		*	*	*		*	*	*				*	*	*	*	

Table 7

EVALUATION RATINGS
0 = poor
1 = adequate
2 = good

INSTRUMENT EVALUATED	EVALUATION CATEGORIES										
	Manual Usefulness	Normative Data	Relatedness to BD Clusters	Interpretation Aid	Reliability	Factor Analysis	Comparative Validity	Predictive Validity	Objective Phrasing	Item Selection	Utility Score
Achenbach's Child Behavior Checklist (CBC)	0	2	2	1	2	2	2	2	1	1	15
Bristol Social Adjustment Guide (BSAG)	1	0	2	0	0	1	0	0	0	0	4
Burk's Behavior Rating Scale (BRS)	2	2	2	2	2	2	1	1	1	1	16
Brown-Hammil's Behavior Rating Profile (BRP)	2	2	0	1	2	0	2	0	0	1	10
Cassel's Child Behavior Rating Scale (CBRS)	0	0	0	0	2	0	2	2	1	2	9
Developmental Therapy Objective Rating Form (DTORF)											
Devereux Behavior Rating Scales (DESB, DAP, DCB)	2	1	2	2	2	2	2	2	1	2	18
Hahnemann School Behavior Rating Scales (HESP, HHSB)	2	2	2	2	0	2	1	1	1	2	15
Jesness Behavior Checklist	2	0	0	0	0	2	0	1	2	1	8
Quay-Peterson Revised Behavior Problem Checklist (RBPC)	1	2	2	1	2	2	2	2	2	1	17
Walker Problem Behavior Identification Checklist	0	0	2	0	2	2	1	1	1	1	10

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behavior, and in providing supportive documentation for determining a student's eligibilty for special education.

At the elementary level (K-6), the Devereux DESB, Quay-Peterson RBPC, Burk's BRS, Hahnemann's HESP, and the Achenbach CBC, with scores of 15-18 total utility points, are recommended as being of the highest utility. In that same high utility category, but with fewer total points, were the Brown-Hammill BRP and Walker PBIC. Limited value of normative data, interpretative materials, item phrasing, and weak factor analysis studies contributed to their overall low utility rating.

Those instruments most appropriate for use at the secondary level (7-12) appear to be the Devereux DAB, Quay-Peterson RBPC, Hahnemann HHSB, and the Achenbach CBC.

Concluding Comments

Behavior rating scales and checklist instruments are of benefit for documenting teacher perceptions of student's behavioral disorders. State legislation mandates this source of documentation evidence. The practice of employing these instruments is well established. They have been found to have utility. Various checklists are endorsed by practitioners for a myriad of reasons, not all addressed in this chapter. Consumers are encouraged to be critical in their selection from among the over 200 available instruments. View the use of checklists as a means of describing parameters of student behaviors. Practitioners should provide teachers with sound instruments with which they can standardly describe those parameters. Data obtained through direct systematic observation of the student or other procedures should be sought to substantiate the problems suggested by rating scale scores.

By enabling the classroom teacher to describe effectively the parameters of students' deviant behavior, instruments that are appropriate for use in educational settings and employ teacher language make a contribution in the educational environment. It will prove beneficial to the practitioner if the instrument selected can provide data addressing points raised in the State of Iowa's behavioral disorders definition. Some available instruments are too narrow or too broad in scope to be of high utility. Some focus on only one behavioral dimension. Others report general adjustment scores that do not help the practitioner understand the various dimensions of the problem behavior of concern. Instruments that have been factor analyzed and provide scores on several behavioral dimensions add support to the documentation of the clustered behavior groups concept of our definition.

Consumers often prefer one instrument over others for particularly personal reasons. This document doesn't intend to denigrate the practitioner's prerogative to choose. Many individuals choose to employ certain instruments because of their familiarity and comfortableness with that instrument. Others choose a particular instrument due to the gradual development of local norms. Others have developed clinical skills at interpreting ratings on a particular instrument from years of comparative experiences.

Rating instruments have uses other than communicating descriptions of referred students and as a method for documentation of a disability. The DTORF, for example, enables the practitioner to check descriptive statements about the student's current level of functioning and also provides a basis for prescribing objectives for educational intervention. Reassessing the same student at designated intervals during an on-going treatment plan enables assessment of intervention success. Braaten, a special educator in the Minneapolis Public Schools, Special Education Services, adapted the DTORF to better match the characteristics and educational needs of a group of secondary-level behaviorally disordered students, evolving a treatment plan and recording format called the Behavioral Objectives Sequence (BOS, 1982). Many of the commercial rating instruments could be similarly adapted to meet local needs better. Deviant behavioral items could be subjected to a task analysis so as to generate sequential objectives for intervention planning.

Consumers are encouraged to review the instruments they employ in relationship to the concerns addressed throughout this chapter. Technical problems are numerous in the selection and refinement of items, in relating the items to the appropriate student sampling, in development of the instrument's format and in the interpretation of the results. It was the intention of this chapter to provide the consumer with the means of undertaking these comparisons.

Rating scales and checklist instruments by themselves have limited usefulness. It is the manner in which the results are interpreted, analyzed, and compared to other behavior assessment approaches that build their utility. Collectively, these approaches in assessment provide direction in improving educational and mental health services for those students described as behaviorally disordered.

DOCUMENTING THE PARENTAL PERCEPTIONS:
PUPIL'S HOME AND SCHOOL BEHAVIOR

The collection of information regarding the parental perceptions of the student's home and school behavior is of major importance to the support staffing team in the development of total programming for the behaviorally disordered student. Parents have the well established right to play an on-going and vital role in whatever educational decisions the support team makes regarding their child's education. Through the passage of House File 133, the State of Iowa has further strengthened the principle of involving the family in decision making. This recent legislation joins House File 1163 and Public Law 94-142 in mandating the collection of parental perceptions and the on-going involvement of the family in school-based programs.

To implement the philosophy of family involvement, an overall approach to assessment of children, which encompasses a much broader view of the child than of that encompassed in the classroom, has gained broad acceptance. Systems theory, and more specifically the ecological approach, provides a theoretical framework with two distinct advantages. First, it provides a broad basis from which to perceive functioning within a multitude of systems. Second, it provides an excellent conceptual framework that deals effectively with bias elements of overall adaptive behavior. Allen-Meares and Lane (1983) stated:

> "Ecological theory would concern itself with the student and his or her interaction with various social and physical environments. In fact, adaptive behavior could be considered an ecological measure of the fit between the student and his or her significant environments. An understanding of how well a child functions within his or her community and cultural group is sought for the purpose of providing a profile of the whole child. The ecological perspective enables one to systematically identify environments in which the child interacts that should be assessed. Furthermore, this perspective is concerned with the consistencies, strengths, conflicts, and discrepancies in regard to the degree of fit." (p. 297)

This viewpoint has received numerous other endorsements in the literature (Flynn, 1982; Gallagher, 1981; Mercer, 1979; Pfeiffer & Tittler, 1983; Siporin, 1980).

The advantages of this conceptual position for analyzing student behavioral disorders and planning interventions are compelling. First, the diagnostic team no longer considers the child the problem, but rather the child is viewed as functioning within environments where problems occur. By broadening the definition of difficulties from the child to include the systems with which he interacts, we increase dramatically the opportunities for solutions. By bringing the family into active participation in the assessment and treatment of children, we increase geometrically the relative power of both the home and the school to deal with difficult situations.

Additional evidence for the influence of family variables has recently been gathered by Tittler, Friedman, Blotchy, and Stedrak (1982). They suggested that a child's progress is significantly related to the family's willingness to become involved and cooperate with the school.

While all of this goes to make a strong case for the adoption of systems theory as an assessment perspective, a word of caution is appropriate. The proponents of the systems approach will be the first to recognize that it is not without its difficulties. The most overwhelming is the vastness of the perspective. The number of relevant variables has been multiplied enormously. The professionals involved can lose sight of their initial purpose for the assessment. It is, therefore,, important to keep in mind the limitations that must be placed on even a comprehensive evaluation. These limitations are based on a clear understanding of the focus, context, and guiding principles of the assessment. The focus is "the child," the context is "an education," and the guiding principle is "educational relevancy." By keeping these limitations clearly in mind, the professional can avoid straying into areas that are neither educationally relevant nor a legitimate concern of the school.

Assessment Information

Certain basic principles have proven useful in the analysis of data gathered from parents regarding a pupil's behavioral pattern. They are presented here so that the professional can utilize these concepts in analysis of the dynamic elements of this assessment.

1. Consistency versus Difference. Analyzing data being gathered with an eye towards how things are the same and how they differ provides very useful diagnostic information. When looking at a pupil's functioning in his school or home environment, i.e., social, emotional, academic, it is useful to analyze his individual profile to discover his pattern of strengths and weaknesses across raters. For example, when utilizing behavior rating scales completed by both parents, more often than not, the graphing of results yields a picture of relationship pattern between the mother and the child and the father and the child. While these profiles may have similarities, they also may have differences. Developing an understanding as to why the mother may view a child as being perhaps more anxious than the child is viewed by the father, can assist the diagnostic team in the formulation of a treatment plan. Some answers to be sought would be, "Are the differences such that one consistently views the child as having more difficulties than the other parent? Is there fundamental agreement on areas of difficulty so that the differences simply reflect the degrees of difficulty? Are the differences a reflection of relative time spent with the child or are they a reflection of the interaction between personalities?"

Just as understanding consistency and difference within the home environment is a vital principle, so is understanding differences and consistencies between the two environments of home and school. This is where various rating scales and assessment procedures that pair similar traits in home and school are useful. An understanding of the similarities and differences needs to occur within the context of expected behavior in both environments. For example, if there is agreement that the child is distractible, there is oftentimes a difference in degree as viewed by the teacher, who makes frequent demands of the child to attend to one task and the parent, who lives in an environment where the child's ability to attend may not be as vital.

It is also possible that significant discrepancies reported between parents and teachers can reveal a dysfunctioning of either the home system or the school system. Perhaps the parents are denying the existence of a problem, or perhaps the teacher is exaggerating the existence of a problem. Should this occur, the relative importance of other assessment techniques is increased. For example, do direct behavioral observations support or refute the interpretation of the teacher or parent? While the presence of significant behavioral difficulties across environments is one of the identifying characteristics of the behaviorally disabled child, a sophisticated understanding of how these difficulties may be manifested is required of professionals. It is possible that a child may experience significant behavioral difficulties in all school environments and yet have a home environment where the same character traits result in only relatively minor difficulties because of a cultural value system significantly different from the school. In situations like these, the diagnostic team must wrestle long and hard with the issue of most appropriate intervention.

2. Frequency, Intensity and Duration. How frequent are the behavioral difficulties, how intense is their display, and of what duration have they occurred? It is this commonality of degree that makes the usefulness of objective observations, normative peer data, and a comprehensive understanding of childhood development so vital for the professionals involved. The application of these concepts to the home environment is accomplished in a similar manner to that of their application in school. Frequency counts, behavior rating scales, documentary data gathered from parents, behavioral observation, and formal and informal interviews all assist in the analysis of frequency, intensity, and duration. There certainly are differences from classroom teacher to classroom teacher with regard to tolerance levels of what is considered frequent, intense, or of long duration, and a range of tolerance levels can vary much more greatly when home standards are also considered.

3. Prior Interventions. Parental interventions range from ignoring of the inappropriate behavior and attending to appropriate behavior to the utilization of time-out procedures and the development of understanding within the child of why appropriate behavior is necessary. Interventions may move on to the involvement of outside services, perhaps consultation with a minister or community professional, utilization of counseling for the child and parents or family counseling, and perhaps even to the involvement of social service agencies and courts.

4. Cooperation and Involvement. Assessment of parental cooperation involvement is a vital piece of information. Cooperation and involvement certainly may vary depending upon the family's opinion of the professionals involved. The degree of involvement can reflect on the child's desire to change and has implication for what kind of treatment approach will be most successful.

5. Support System Involvement. Here, we measure the relative openness to interaction of the family with other systems as well as the strength of the family's support systems. Knowledge of a child's

community, church, and social groups can assist in the assessment of the adaptive behavior levels. The relative success or difficulty of a child's interactions with these groups from the point of view of the parents provides valuable documentation regarding the presence or absence of a behavioral disorder. Additionally, collaborative documentation can often times be provided by significant people in that support system. Likewise, involvement with extended family offers important insight into family resources.

6. Relationship Interaction Patterns. Looking for and understanding relationship patterns as well as interaction patterns often produces insight into a child's expectations of how others will relate to him. These patterns tend to be repeated frequently in a child's life as he continues to deal with others.

7. Developmental Understanding of the Child and Family. Not only is an understanding of important developmental milestones vital for determining what is normal and age typical problems, but also a developmental understanding of the family situation can frequently assist the school in decision making. For example, a family dealing with school problems of its first-born seven year old child often times responded very differently than it now responds when dealing with problems manifested fifteen years later by the last of the eight children.

As soon as a determination is made that a behavioral disorders placement is to be considered, the assessment information should be organized in such a way that determinations can be made about gaps in the relevent data. The assessment should include data presenting a picture of the behavioral patterns from the current point of view of the parents. Important questions to establish the specifics of the assessment would include: In what ways can the most accurate information be gathered which will allow for the comparative view of similar behavioral traits as seen in the school environment and the home environment? More specifically, which assessment instruments will give the most accurate pictures of comparable strengths and weaknesses in this child's adaptive behavior? What types of interviewing structure would lend itself best to an assessment of this child's relative behavioral patterns?

Typical Day Interview

The "typical day" interview format may provide the professional with the practical behavioral assessment approach that yields highly useful information. The typical day interview enables the professional to obtain a picture of the home routine from who's up first to who goes to bed last. In the course of the interview, information can be gathered concerning the morning routine, who interacts with whom, how the kids get off to school, what's the first thing you hear when the door swings open when they get home from school, etc. Information on how the family and target child fill their time until supper, what supper time is like in terms of who interacts with whom, the routine after supper, how bedtime is handled with nocturnal difficulties is also gathered. This type of interview allows for a very current here and now assessment of family interaction patterns. The interview gathers data on with whom, how behavioral difficulties are responded to, how responsibilities are divided and how the child accepts his responsibilities.

Life Style Assessment

When the professionals involved are especially interested in understanding the perceptions of the child and the goals of his behavior, this interview format may prove very useful. The assessment is based on the basic assumption of Adlerian Psychology that the circumstances of life do not determine an individual's behavior. Different people respond in different ways to the same circumstances. Therefore, people do not merely react, but react according to a general attitude about the experiences that life presents to them. Understanding an individual student's attitude towards his/her experiences can be a vital component to an accurate interpretation of an individual student's developmental social history.

Structured Interview Format

Should an assessment be planned with the hypothesis that extended family therapy may be necessary, a structured interview format may need to be addressed. Such an assessment has been found useful by those utilizing family therapy interventions and includes the following:

1. Information about the problem. This would include the parents' statement of the problem from their point of view, duration of the problem from an historical perspective, and the approximate frequency with which this problem occurs. Important contributing factors, which may include relevant employment history, significant family stresses such as family separation or death, or important changes in the physical living situation also should be obtained, as well as parental perceptions of causes and attempted solutions. Finally, the interviewer should determine what results those attempted solutions have yielded, and how the problem affects each member of the family.

2. Developmental landmarks of the child. This would include information on pregnancy and any complications thereof, information on significant feeding problems and toilet training, significant developmental milestones such as walking, speech, etc., the family birth order, historical and current sibling relationships, and health stress factors which would include hospitalizations, illnesses, serious accidents, or diseases.

3. Family roles. Important roles to be assessed include how authority and discipline are handled, parental perceptions of dependency and nurturance with each of the children, how the family scapegoats and

who they scapegoat, how decision making is handled, what skills the family has for problem solving, and how parenting issues are dealt with.

4. Family origins. This would include information regarding maternal and paternal grandparents of the child, maternal and paternal siblings, strengths and weaknesses of those relationships, current ages, any deceased family members, relative health status of each family member, separations and divorces, and the referred child's relationship to the above information.

5. Network of the family. Information gathered in this area would include the social involvements of each spouse, the social involvements of each child, and the social involvements of the family as a whole. Also included in this section would be how these social involvements survive geographic moves and the effect of those moves on individual family members, what is the current level of community involvement, and whether or not this is an open or closed family system.

6. Significant stress factors. Summarized in this area would be the historical and current stress factors which have been experienced by the family. These would include illnesses, death, separations, occupational changes, geographical changes, siblings leaving the family, economic level, and important occupational stresses.

7. Educational history. Information in this area would include the initial adjustments to school, the relative success levels at this grade level, notations on any changes in achievement, and present level of functioning.

Whatever decision is made with regard to the interviewing style, the information gathered should be put in the format that has traditionally been proven to be the most useful to educators. When the infomation is gathered and presented in a professional manner, it assists that family, not only through the assessment process, but also in the consideration of programming needs, and has laid an important foundation for continued family involvement in educational decisions. When considering whether or not the parental point of view regarding the behavior of a child has been adequately investigated, assessed, and reported, it is vital to establish that a comprehensive social history has been gathered.

Instrumentation

The advantages of rating scales completed by parents are apparent to the professionals using such scales. Their ability to obtain information across a large number of behavioral traits in a time efficient manner makes them quite attractive from an economical point of view. Beyond that, the ability of well normed and standardized instrumentation to allow for the comparison of children with their respective "like" groupings offers a good degree of commonality across assessment as well as some assurances that a behavioral difficulty may be at least statistically significantly deviant. However, for their use to be most helpful to the assessment team, a number of limitations need to be borne in mind. The most obvious limitation of behavior rating scales is that they are just that, simple parental opinion. Often times, the fact that they are reported in statistical terms provides clinicians with a false sense of security. They are parental reports to which a numerical value has been given. The real weight that they carry is that the people doing the rating know the child in a different setting than that where the professional typically knows the child. When data from these instruments are put together with that from other sources and gathered in a comprehensive diagnostic assessment, it can provide a basis for the search for similarities and differences discussed earlier. Extreme difference may be highly significant. One definition of deviation offered by Webster is that of "a noticeable marked departure from accepted norms of behavior." When there is agreement among all of those working with the child that such a departure from the accepted norms is occurring in the behavior of a child, a problem has certainly been identified.

The standards applied to behavior rating scales in the rating scale section of this chapter also apply to the evaluation of instruments designed for use with parents. The vocabulary used in the selection and phrasing of items should be easily understood by a parent respondent. The length of the scale should be such that it is not an overwhelming task to complete, and yet contain sufficient items to measure adequately the behavioral traits being considered.

The following list and analysis of various instrumentations is only an example of what is available.

The Personality Inventory for Children (PIC). This inventory by Wirt, Lachar, Klinedinst and Seat (1977) is probably the most comprehensive parent rating scale currently being utilized. The original scale, consisting of 600 items, was developed and refined over 20 years. The result is one of the most well developed rating scales for behaviorally disordered children. The major drawback of the original scale was its length. A revised format, which consists of 280 items clustered into fourteen subscales and two validity subscales is still lengthy. The fourteen subscales are defensiveness, adjustment, achievement, intellectual screening, development, somatic concern, depression, family relations, delinquency, withdrawal, anxiety, psychosis, hyperactivity, and social skills.

The statistically rigorous standardization and validation process utilized to develop the PIC make it perhaps one of the soundest currently available. The factor scales, validation scales, and clinical scales offered by the instrument provide a broad analysis of many different problem areas. The disadvantages of the PIC scale, however, may limit its use. First of all, even the revised form consisting of 280 items can be somewhat overwhelming to parents. Secondly, its usefulness with parents of limited reading ability is questionable. As is the case with many behavioral rating scales, the absence of situational variables so instrumental in IEP development limits its utility for planning educational interventions.

The Achenbach Child Behavior Checklist (CBCL) was originally developed in 1978 on a population of six to eleven year olds but has since been revised to apply to children four to sixteen years old. The scale consists of 113 items divided into eight parts. The first seven parts include questions dealing with children's social, athletic, and household activities and yield three scales dealing with social competence, which are named activities, social behavior, and school behavior. The eighth part has nine scales defining specific childhood diagnostic categories, which are schizophrenia, non-communication, obsession/compulsion, somatic complaints, social withdrawal, hyperativity, aggression, and delinquency. Two factor scales, internalizing and externalizing, plus a total score are plotted on profile sheets using percentile conversions or standard scores based upon the normative sample.

Adaptive Behavior Inventory for Children (ABIC). For those situations in which the professional is interested in establishing an individual child's strengths and weaknesses relative to other children his age on basic life tasks, the ABIC provides useful instrumentation. The ABIC measures the child's role performance in the family, peer group, and community and compares that performance with the performance with children of a like age grouping. The ABIC is divided into six subscales which correspond to the major social systems in which a child participates. These scales are family, community, peer relations, non-academic school roles, earner/consumer, and self-maintenance. The ABIC consists of 242 questions which are divided into two separate parts. The first 35 questions are asked of all respondents with the next 206 questions being age-rated, beginning with questions for very young children and progressing through questions appropriate for older children. By establishing a base line and ceiling, the interviewer is able to utilize only those questions which are age-appropriate for the student on whom data is being collected. The ABIC was designed for children from the age of five through eleven, and the scores are derived by having parents mark the most appropriate descriptor following a specific item. A score of zero is given a "latent role" score which means that the child has not yet engaged in the activity. A score of one is given to an "emergent role" score which indicates that the social role is just beginning to be performed by the child, while a score of two is a "mastered role" score indicating that the child performs this task frequently with little or no adult assistance. By utilizing scoring templates, a specific score is derived for each of the six subscales. An averaging procedure is then utilized to give an overall score. Professionals utilizing the ABIC have found it particularly useful for differentiating between low average and EMH students and its utility has also been proven in assessing the presence of behavioral disorders, especially in either autistic children or very young children. A real advantage of this scale is that it not only identifies areas of overall adaptive weaknesses but also points to relative adaptive strengths, which can be useful in IEP development. The two major drawbacks of this scale for behavioral disorders assessment are first, that its design is intended to look at social role competency and not behavioral trait deviancy, which is often the focus of a behavioral disorders assessment, and secondly, its completion consumes significantly more staff for administration and scoring than most behavior rating scales. Staff typically report a minimum of 45 minutes to a maximum of one and one-half hours to complete. The parent interview with scoring and interpretation typically taking an additional ten to twenty minutes.

Vineland Social Maturity Scale. Sparrow, Balls, and Cicchetti (1984) have recently marketed a revison of the Vineland Social Maturity Scale. The original Vineland developed in 1935 long stood as an accepted standard in the measurement of adaptive behavior. The original Vineland has in recent years, however, been substantially ignored by professionals measuring adaptive behavior due to its outdated norms. This 1984 revison purports to offer professionals:

> "...a reliable, valid, and up-to-date measure of personal and social sufficiency for individuals from birth to adulthood. The revised scales retain many of the original characteristics of the original Vineland scale. However, more than five years of careful development now give you an adaptive behavior instrument to take into account recent advances in test construction and psychometric methodology, sufficient research findings concerning the development of handicapped and nonhandicapped individuals, and legislation and litigation pertaining to assessment practices."

The revised Vineland was standardized on a nationwide sample of 3,000 individuals aged from birth through eighteen years, selected in such a way as to be representative of the United States population according to the stratification variables of sex, race, ethnic group, community size, region, and parental education. This sample was then supplemented with norm groups of mentally retarded adults in residential and nonresidential facilities, and emotionally disturbed, visually handicapped, and hearing impaired children in residential facilities. This varied standardization sample would appear to give the revised Vineland an excellent basis for comparison of children to like groups. The literature for the revised Vineland points to the flexibility provided by three versions which are the survey form, expanded form, and the classroom edition. The survey is purported to be most similar to the original Vineland and is administered to parents or significant others of individuals from birth through eighteen years of age and "low functioning adults." This form provides a general assessment useful in the analysis of relative strengths and weaknesses in adaptive behavior. The expanded form, likewise administered to parents or significant others, offers a more comprehensive assessment of adaptive behavior, and what the authors offer as a "systematic basis for preparing individual educational abilities or treatment programs." The classroom edition, which is a questionnaire completed by teachers of students from three through twelve years of age, offers an assessment of classroom adaptive behavior.

The domains covered by the revised Vineland include the communication domain, the daily living domain, the socialization domain, and the motor skills domain. Additionally, an adaptive behavior composite score is derived by combining the scores of these four domains.

An apparent drawback to the use of the revised Vineland would be the administration time required which would range from twenty to sixty minutes on the survey form and sixty to ninety minutes on the expanded form.

A potentially interesting characteristic of the Vineland is the fact that it included, in its standardization sample, a substantial overlap between the Vineland sample and that used in the standardization of the Kauffman Assessment Battery for Children (K-ABC). This overlap may permit for a direct comparison of the scores between these two instruments and offers an additional degree of confidence to the professionals.

An apparent real advantage of having the parental interview form and the classroom edition lies in the ability to do a direct comparison of ratings of similar behavior traits in two separate systems. This comparison ability is offered on a number of other instruments as well and can be a real asset in establishing whether or not a child's behavioral difficulties are strictly situation specific or a general characteristic of the child.

Keystone Adaptive Behavior Profile (ABP). The ABP (1983) has a special advantage that it was normed on Iowa children, representing a cross-section of urban, rural, public, and parochial students. This profile has two scales, a school scale and a home scale. The school scale covers school coping behaviors, social skills, emotional development, language skills, self-care skills, applied cognitive skills, and academic development. The home scale consists of items from the same basic seven scales, which the parents are asked to rate based upon home observations. Additionally, the home scale includes a subtest on community and family relations. It is important to bear in mind that the home scale has not yet been normed so that the profile which is plotted is identical to that of the school scale.

A unique feature of the Adaptive Behavior Profile is that the item descriptors were designed so as to provide a certáin quantity and also a certain quality of information. Marking response option of number one is indicative of a highly adaptive response; response option number two of a basically adaptive response; response number three of a less adaptive response; and response option number four of a severe behavioral deficit. The utilization of these four descriptors allowed for an instrument which, by its very design, was highly discriminative of a pupil's adaptive behavior.

The Keystone Adaptive Behavior Profile has 38 items on the school scale and 48 on the home scale. As such, its design is that of a screening instrument which will give a quick general survey of adaptive behavior relative to the identified domains. Therefore, while a certain degree of confidence can be given results from the ABP this instrumment should not be considered the sole basis for a placement decision. The establishment of significant behavioral deficits should be confirmed through other data.

Behavior Rating Profile (1978). This profile is based on four different measures. A self-rating scale is completed by the student and reflects his perceptions of home, school, and peers. The teacher rating scale is completed by the child's parents. The sociogram is completed by the child's peers. The self-rating scale, teacher rating scale, and sociogram are reviewed elsewhere in this book; it would seem most appropriate to turn our attention specifically to the parent rating scale. The parent rating scale includes 30 items to which the parent responds on a four-point scale indicating whether the items, such as "tattling on others," is "very much like my child," "like my child," "not much like my child," or "not at all like my child." The raw score is converted to a scaled score and subsequently plotted on a graph which will allow for a visual comparison of the parents' perceptions of the child's behavior with those of the teachers, student perceptions, and the peers. The obvious advantage of utilizing the Behavior Rating Profile is its ecological approach to the measurement of a student's behavior by the participants in the appropriate social system. There are, however, two significant weaknesses with the Behavior Rating Profile. The first lies in a perceived strength of the scale. The scale's brevity makes it very easy for teachers and parents to complete. However, the limited number of items available, 30 on both scales, make its utilization except as a screening instrument somewhat questionable. Certainly drawing upon IEP goals, which are behaviorally specific enough to be a benefit to the student, would be quite difficult from such global ratings. The second weakness arises in the standardization and norming procedure utilized in the development of this instrument. The distribution method for the completion of the parent rating scales lacked uniformity. These weaknesses, with a lack of statistical data suggest that professionals utilizing this instrument should be cautious in their interpretation of results.

The Devereux Child Behavior Rating Scale (Spivack & Spotts, 1966). This rating scale provides a useful assessment of student behavior of 17 specific behavioral factors. The first 10 of these factors, considered "behavioral competence" factors, cover areas such as basic self-care, control of body processes, attentive power, need for independent mastery, and four areas dealing with social functioning basic to establishing effective reality contacts and meaningful relationships. Problems in these areas are frequently accompanied by some degree of intellectual deficiency, poor social communication or language development or other developmental delays. The last seven factors of this scale deal with "behavior control" issues. They tap various facets of control or regulation of behavior which are frequently problems for the behaviorally disordered child. In the absence of problems identified in the behavior competency areas, an abnormal score on the behavior control section is descriptive of a child who interacts ineffectively with others because of an apparent lack of an integrated system of internal controls. This scale has proven to be of most use for the differential diagnosis of a child who is multiply handicapped when the professionals involved are attempting to determine whether a behavioral disorder is the primary handicapping condition as opposed to a learning disability or mild mental handicap. Children receiving a deviant score on the behavior competency factors, in addition to the behavior control factor, tend to be multiply handicapped. An absence of behavioral difficulties noted in the behavior control section may indicate that this child has a more appropriate diagnosis than behavioral disorders.

The scale consists of 97 items and typically requires fifteen to twenty minutes of parental time to complete. Seventy-five of the items are utilized in assessing the seventeen behavior factors. The remaining 22 items are included for ratings which may provide a basis for research data or clinical experience. Therefore, when time is an important issue, utilization of the first 75 items yields a shortened form.

Norming for this scale was based on two separate populations, one of which was a residential population of 252 atypical children generally between the ages of eight to twelve. The sample are described as "atypical" because of their residence in four treatment centers. The second norm group consisted of 348 public school children between the ages of five and twelve. When scoring and profiling this scale, it is important to choose the appropriate norm group for comparison.

The major disadvantage of this scale is that it was normed on a relatively small population of normal children from one region, the middle Atlantic area. A new norming based on a more representative sample of children would greatly increase the value of this scale. However, since it provides data about parental views of areas that most other scales do not tap, the Devereux Child Behavior Rating Scale can be a very useful assessment instrument.

Behavioral Deviancy Profile (Ball & Weinberg, 1983). The BDP is designed to assess the degree of deviation or disturbance of children or adolescents with mild, moderate, or severe social or emotional problems. This profile attempts to synthesize the results of a team assessment through developing a global, systematic, and objective evaluation profile including professional ratings of eighteen assessment areas on seven point scales. The categories covered include physical growth, gross motor development, fine motor development, motor activity, sensory perception, cognition, intellectual, speech, language, affect, aggression, relationship-mother, relationship-father, relationship-sibling, relationship-peers, relationship-adults, ego-self, and super ego conscience. The obvious areas in which the parental point of view would be reflected would include the five relationship areas of mother, father, sibling, peers, and adults as well as significant input in a number of other areas. The advantage of this scale would be that the parents can better relate to a graphic visual representation of their students relative strengths and weaknesses than to a myriad of oral or written reports.

These instruments represent but a few of the currently available assessment devices which professionals can utilize to assist in developing an adequate understanding of the parent's point of view. As we appear to be in the midst of a virtual explosion in the number of behavioral rating scales available, it is becoming more and more vital that significant staff time be devoted to assessing the usefulness of the various instruments. However, emphasis should once again be given to the importance of professional expertise and judgment when utilizing behavioral rating scales. Dependence upon instrumentation alone, with the professionals involved serving only as interpreters of that information to develop a larger picture, is a gross disservice to children. When professionals utilize their knowledge, experience, and expertise, raw data provided by assessment techniques can become a dynamic mirror reflecting a child's abilities to deal with the multitude of systems he/she encounters in our society.

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APPENDICES

A. Classroom Behavior Record

B. Behavioral Checklists and Rating Scales

Appendix A

CLASSROOM BEHAVIOR RECORD
Brief Summary of Student Behavior Categories

POSITIVE - TO BE INCREASED

	Title and Description
AT	Attend, On-task: Non-verbal behavior of attending to teacher assigned or approved classroom materials or activities.
IS	Incidental Sounds: Low-level noises associated with on-task or approved behavior that are not distracting to self or others.
IM	Incidental Motor: Minor motor activity that is not distracting and does not interfere with on-task behavior.
CO	Comply: Prompt acquiescence to a direction, command, threat or rule.
II	Individual Instruction: Instructional interaction between teacher and individual student around academic content.
PM	Prompted or Molded: Physical assistance to student for meeting learning or behavioral expectations.
US	Use of Symbols: Use of signs, finger spelling, language board, or other symbol system for communication.
CC	Contribute to Class: Verbal or non-verbal response to teacher stimuli in class group setting.
PT	Positive Interaction with Teacher: Individualized verbal or non-verbal interaction that is school appropriate but non-academic in nature.
IT	Initiate to Teacher: Individualized interaction with teacher initiated or attempted.
PP	Positive Interaction with Peer: Verbal or non-verbal interaction that is teacher assigned or approved.
AG	Approval Gained: Verbal or non-verbal approval of student received from teacher or peer.
V1 V2	Variables 1,2: Specific appropriate student behaviors selected for tallying because unusual or significant.

NEGATIVE - TO BE DECREASED

FT	Fail to Attend, Off-task: Non-verbal behavior of attending to materials or activities not teacher assigned or approved.
PL	Play with Object: Fiddling with or handling an object that is non-approved and non-academic.
LO	Look Around: Daydreamy or spacy behavior; preoccupied stare or wandering gaze.
WM	Words Without Meaning: Speech that is unintelligible or has no relationship to social context.
FC	Fail to Comply: Lack of prompt acquiesence to direction, command, threat, or rule.
NY	Noisy Vocalization: Excessively loud or inappropriate sound such as laughter, belching, shouting.

CY	Cry: Whimpering, sobbing, wailing, with or without concurrent verbal complaints.
TT	Temper Tantrum: Vocal and physical behaviors consistent with tantrumming.
NA	Negative-Active, Disruptive: Excessive motor behavior that is of high enough rate or intensity to range from annoying to out-of-bounds.
DS	Destructive: Accidental or intentional behavior which has the potential for breakage or injury to objects or animals.
MM	Minor Motor, Obtrusive: Minor, repetitive motor behaviors that are not preoccupying but are distracting to others.
IL	Inappropriate Locale: Presence in a non-approved or inappropriate classroom area.
AS	Abuse Self: Self-inflicted abuse with the potential for causing significant pain or tissue damage.
SF	Self-Stimulation: Behaviors designed to stimulate self; range from bizarre and obtrusive to minor but preoccupying.
NT	Negative Interaction with Teacher: Negative or non-academic interaction, verbal or non-verbal interaction.
NP	Negative Interaction with Peer: Verbal or non-verbal interaction that is in violation of class rules.
PA	Physically Aggressive: Noxious assaultive behaviors that could inflict pain.
GA	Aggressed Against: Student the target of aggressive behaviors by peer.
PI	Physical Intervention Gained: Student is physically restrained from engaging in unacceptable behavior or is removed to corner or time-out area or is aggressed by an adult.
DG	Disapproval Gained: Verbal or non-verbal disapproval of student by teacher.
V4	Variables 4,5: As with positive variables, used when Observer wishes to
V5	track selected behaviors of particular interest.

Appendix B

Instrument: The Child Behavior Checklist and Child Behavior Profile (1981)

Developer: Thomas M. Achenbach, Ph.D.

Available: Thomas M. Achenbach, Ph.D.
Laboratory of Developmental Psychology
Bldg. 15 K, National Institute of Mental Health
9000 Rockville Pike
Bethesda, MD 20205

Intent: The CBC is designed to record in a standardized format the behavioral problems and competencies of children aged 4 through 16.

Items: The behavior problem items on the CBCL (parent) were selected from parent reports of children who had been referred for mental health services. The scales are derived separately for each age range and sex. Validation studies were completed on randomly selected parents of nonreferred children and reviews of comparability on ten other studies of empirically derived syndromes. Results indicate a statistically significant correlation of normal versus clinical samples. The CBC (teacher's edition) omitted items, teachers could not readily judge, but inclusion of items relating to classroom and achievement behavior were added. Validation studies by classroom teachers does not appear evident. Predictive validity studies indicated profiles replicated well across large samples of 12-16 year old disturbed boys.

Format: The instrument consists of three rating forms: Teacher's Report Form, Child Behavior Checklist (for parent ratings), and a Direct Observation Form (DOF) designed for recording observations of student's behavior noting on-task behavior in five second intervals. The checklist (TRF & CBC) consist of 112 items that describe pupils. The rater is instructed to circle the "2" if the item is very true or often true about the pupil or circle the "1" if the item is somewhat or sometimes true. The items are essentially overt but select items require inference based decisions prior to rating. The responses are scored on the social competence and behavior problem scales of the Child Behavior Profile. Separate editions of the profile have been standardized for each sex at ages 4-5, 6-11, and 12-16 years. The profile can be scored using either a computer program or by hand. In scoring by hand, templates are available that are placed over the forms and enable the scorer to cluster behavior patterns. Patterns are plotted on profiles for interpretation.

Reliability: Reliability of the instrument was attempted in a variety of approaches. As a measure of test-retest reliability, mothers of normal children were asked to respond to the CBCL at intervals of about one week. Satisfactory stability was obtained averaging a .87 correlation coefficient. Interparent reliability was reported as .68 agreeement. Six month follow-up of clinic children remained slightly stable at .72. The use of classroom instructors for reliability of the teacher rating scales was not part of the reliability studies.

Utility: Due to the construction design, this instrument would appear to be quite promising. The developer is encouraged to determine reliability and validity of its teacher rating scale, prior to endorsing its use as part of the school identification assessment. It appears to have high utility in comparing school referred students with clinically diagnosed youngsters.

Instrument: Bristol Social Adjustment Guides, 1970 edition

Developers: D. H. Scott and N. C. Marston

Available: Educational and Industrial Testing Services
San Diego, California 92107

Intent: The object of the guide is to give a descriptive picture of the student's behavior and to help in the detection of emotional instability (manual). The guides are intended for use with children aged 5-16 years within a school setting.

Items: The descriptive phrases have been selected from teacher expression. Their descriptions were supplemented by systematic observation within the classroom by trained observers. "It therefore can be claimed with reasonable confidence that the School editions of the BSAG is capable of detecting all the manifestations of maladjustment...that are likely to be encountered by a teacher" (manual). The authors claim to have designed an instrument free from cliche, free from interpretation, observable rather than inference base. Possible consumers need definitely to review these item descriptions prior to endorsing the instrument. Some of the phrases are outright entertaining; they sound as if they came right out of a busybody teacher lounge (e.g., "cannot bring herself to be sociable," "too lacking in energy to bother," "will answer except in one of his bad moods"). A significant number of items assume motives on part of the exhibited behavior (e.g., "spiteful to weaker children when he thinks he is unobserved," "uses bad language which she knows will be disapproved of," "lies from timidity"). Several words need updating, such as: "has fits" and "lies with compunction."

Format: The descriptive phrases are arranged in paragraphs that modify defined situations. The teacher is instructed to underline ("no need to rule") those phrases which apply to the child being assessed. The BSAG is in no sense a forced choice checklist or a rating scale. After the rater has completed the paragraphs, a transparent template is fitted over each of the three pages of the schedule. This designates a pair of code letters and a numeral to each of the items. These scores then relate to the five "core syndromes and associated groupings." The core syndromes are based on the theoretical framework of Under-reaction (UNRACT) and Over-reaction (OVRACT).

Validity: The instrument was normed on 2,527 children born on the 15th or 16th of any month and in age from 5-14. Of these children, 133 had been involved with the police. Their scores correlated to the BSAG syndrome called "Hostility."

This instrument appears extremely lacking in validity studies.

Reliability: Studies reported from .48 to .77 coefficients for internal reliability as calculated by Winer's formula. Test-retest reliability were not statistically significant.

Utility: There are better instruments available.

Instrument: Burk's Behavior Rating Scales

Developer: Harold F. Burks, Ph.D.

Available:
The Arden Press
8331 Alvarado Drive
Hunington Beach, CA 92646

Intent: The BBRS is specifically designed to identify patterns of pathological behavior shown by children grades 1-6. They attempt to gauge the severity of certain negative symptoms as seen by outside observers.

Items: The 116 items comprising the scale were selected after they had been used to evaluate over 2,000 children by 22 school psychologists. The items were judged as valid and useful by these psychologists and over 200 teachers in all kinds of disability classrooms. The items were selected from clinical studies and literature. Of concern is the degree of inference required for the rater's basis of responding. Many of the items are of a clinical nature. Comparison of scores to intelligence indicates no consociation exists. Apparent statistical significance of correlation exists in item content and construct validity. Patterns of typical traits are detailed through factor analysis revealing "Immature," "Hostile Aggressive," and "Neurotic" behavior patterns. The manual is of great assistance for interpretation.

Format: The items are assessed through agreement with descriptive statements and require the rater to assign a 1-5 numerical value. The scores are conveniently clustered into categories of related behaviors. Once tallied, the cluster scores are plotted on a profile indicating each cluster's signficance or nonsignificance. The profile provides a graphic illustration of the student's behavior.

Reliability: Correlation coefficients were established on test-retest reliability on 95 disturbed children in grades 1-6. Reliability appears high with a median coefficient score of .64.

Utility: This instrument appears well constructed, normed and validated. The behavior descriptors would be of high utility in communicating student behavior. The three patterns of behavior (factor analyzed) would be of use in documenting the 1983 BD cluster definition. The disadvantage of the scale would be the phrasing of the items and the tendency of the rater to attach labels through the interpretation of the profile. The manual is well designed and of benefit for intervention suggestions and for interpreting the scored profile.

Instrument: Behavior Rating Profile: An Ecological Approach to Behavioral Assessment

Developers: Linda Brown and Donald Hammill

Available: Pro-Ed
333 Perry Brooks Building
Austin, Texas 78701

Intent: Grades 1-7. Designed to examine children's behavior in a variety of settings; home, school, peers and self. It appears descriptive in use and useful in documenting behavior to pertinent settings.

Items: The author selected items submitted from parents and teachers of behaviorally disordered students. The refining rating scales were standardized on 1,326 students by 645 teachers and 847 parents throughout eleven states including Iowa (9 percent of sample). The items appear to have statistically significant coefficients at all age levels.

Format: The BRP contains six independent components; five checklists and one sociometric device. Three of the checklists are student rating scales which are completed by students themselves. It further contains a home scale, a school scale and a peer scale. Each component can be employed independently. A composite profile is provided and is measured in scaled score. The Teacher and Parent Rating Scales contain a list of 30 descriptive words and phrases. The rater responds to each item on a continuum of four degrees from "Very much like..." to "Not at all like..." Much inference is required when responding. The items also refer to the practice of discipline used; i.e., sent to the principal, kept in from recess, is kept after school. The Sociogram component consists of a peer nominating technique.

Reliability: Considerable reliablity was obtained through internal consistency studies.

Utility: A most unique behavioral assessment battery, mainly due to the ecological approach. This does provide a broader sampling of the student's behavior. The directions are straightforward. The manual demonstrates the impressive construction components of the scales. Of concern would be the varying degrees of inference responding required and the rationale for including discipline measures. These instruments would not appear to be as beneficial as others in providing overt descriptive behavior documentation.

Instrument: Child Behavior Rating Scale (BRS)

Developer: Russell N. Cassel, Ed.D.

Available: Western Psychological Services
Publishers and Distributers
12031 Wilshire Boulevard
Los Angeles, California 90025

Intent: This scale is designed to assess the personality assessment of K-3 graders who do not have sufficient reading skill to complete the group type psychological tests. The scale reports objective measurement of children in five adjustment areas.

Items: The 78 items were obtained through screening of 1,000 case studies of elementary school students referred for psychological or psychiatric services. Items were selected for their frequency of occurrence. Face validity is consequently assessed. Comparative validity was obtained when relating scores to achievement, intelligence and social development. The correlation showed highly signficant coefficients. Status and predictive studies were statistically significant.

Format: The CBRS consists of the manual and the rating booklet. Teachers familiar with the student are instructed to indicate the presence, absence or degree in between of 78 behavioral statements. Raw scores are converted into weighted scores. The weighted scores are changed into T scores through the use of a table in the manual. These T scores are then compared to scores obtained by typical children and diagnosed maladjusted children and plotted on the profile for interpretation. The results do require a deal of interpretive skill.

Reliability: Split Half reliablity studies were undertaken from the instrument, indicating a mean .873 correlation using the Spearman-Brown formula. Test-retest reliability indicates a high test consistency. Raters were teachers and parents.

Utility: Supportive documentation, particularly the predictive validity studies, appear well constructed. The instrument items will pose difficulties to teachers, especially the Home Adjustment category. Much inference is necessary in basing decisions for the responses. Scoring and interpreting the results hinder the utility of this instrument. The five adjustment scales are not factor analyzed nor seem to be helpful in grouping behavior concerns. The CBRS could be viewed as having moderate utility in grades K-3.

Instrument: Conners' Teacher Rating Scale-Revised

Developer: C. Keith Conners
Harvard Medical School

Intent: To be used as an instrument in differentiating hyperactive children from normal children.

Items: 28 items. The items were refined from clinical records of diagnosed "hyperactive" children. Responding requires little inference; the statements are observably overt.

Format: Rating scale of 28 items. Teacher is to indicate on a 4-category scale, the degree of the problem exhibited by the student. The rating categories are: Not at all, Just a little, Pretty much, Very much.

Validity: Extensive research has provided some validational evidence in defining hyperactive children from normal children. (Wallander & Conger, 1981, Whalen & Henker, 1976).

Reliability: Research on reliability has been minimal. Test-retest method revealed correlation factor of .72-.91. Interrater reliability results varied markedly (.31-.92). "Clearly there is a need for more extensive investigation of stability and reliability" (Conger, et al., 1983).

Utility: Limited to hyperactivity.

Instrument: Devereux Elementary School Behavior Rating Scale (DESB, grades K-6)
Devereux Child Behavior Rating Scale (DCB, ages 8-12)
Devereux Adolescent Behavior Rating Scale (DAB, ages 13-18)

Developer: George Spivack, Ph.D.; Marshall Swift, Ph.D.; Jules Spotts, Ph.D.

Available: Devereux Foundations Press
Devon, Pennsylvania

Intent: These rating scales were designed to assist teachers and support team members concerned with educational behavior problems to focus upon behavioral difficulties which interfere with successful academic performances. The scales describe and communicate overt behavior symptoms which help define profiles of behavior dimensions.

Items: The DESB's 47 items were defined from within the framework of normal and special class programs. Normative data is available. The items appear pertinent to both adaptive and maladaptive behavior as related to achievement. Obtained scores were compared to age, IQ and achievement. Each of the eleven factors has been shown to have statistical significant validity.

Format: The rating scales are conveniently arranged on foldout questionnaires with the back page providing an interpretive profile. Each item requires a numerical response from continuums of agreement. The continuums vary in each section and may confuse the raters. The protocol enable the scorer to convert raw scores into factor clusters and consequently plotted in standard scores on a profile without guides or templates.

Reliability: Test-retest reliability estimates were recorded for the DESB, DAB, and the DCB. All factors were reported as statistically signficant. The DCB reported interscorer reliability to have a median coefficient of .83.

Utility: Of the three scales, the DESB seems to have the highest utility in the diagnosis of school related behavior disorders due to its total development on the school population. The aspect of providing adaptive behavior is beneficial in reporting student strengths as well as the deficits of behavior. The manuals of all three scales are highly descriptive of the behavioral dimensions reported on the profiles but are inadequate in reporting supportive documentation. The DAB does correlate between typical students and diagnosed adolescents. The reported behavior concerns of the DESB are helpful in initially planning for behavioral interventions.

Instrument: Hahnemann Elementary School Behavior Rating Scale (HESB), 1975
Hahnemann High School Behavior Rating Scale (HHSB), 1975

Developers: George Spivack, Ph.D. and Marshall Swift, Ph.D.

Available: George Spivack and Marshall Swift
Hahnemann Community Mental Health/Mental Retardation Center
Department of Mental Health Sciences
Hahnemann Medical College and Hospital
Philadelphia, PA 19102

Intent: Both scales were created to provide a standard system for identifying and measuring classroom behaviors of students in both regular and special education classrooms. The focus is upon behaviors which interfere with the student's level of ability to cope with academic expectations.

Items: The 54 items were derived from a careful analysis of literature and classroom teacher discussions, relating behavior interference to achievement in school. Approximately 200 teachers were involved in the refining process. The items are factor analyzed into 14 behavior dimensions. Normative data is provided in the manual and is related to open classrooms and regular classrooms. Correlations with achievement and IQ were completed but not statistically significant.

Format: Each of the 14 behavior dimensions is defined by 3 or 4 behavioral items. These items are rated on continuums of severity. The results are grouped together on the profile sheet and plotted in standardized scores. Profile "types" are described in the manual and are most helpful for interpretation.

Reliability: Studies of reliability were either not undertaken or at least not available in perusal of the manual.

Utility: These scales appear to have high utility in comparing student adjustment in open environment classrooms versus traditional approaches. As they are totally constructed and refined on school populations, they appear relevant in the educational referral process. Of concern in the lack of reported studies of comparative correlations with either clinically diagnosed emotionally disabled population or the special education student. They appear to have high face validity. The profiles are conveniently constructed, with the items generally requiring little inference. These scales do not seem to be designed for differentiating behaviorally disordered students from typical classroom students, but those students who are not meeting standard achievement success in the regular and open classroom.

Instrument: Jesness Behavior Checklist (ages 13-20)

Developer: Carl F. Jesness, Ph.D., Senior Behavior Research Analyst at the Institute for the Study of Crime and Delinquency

Available: Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, California 94306

Intent: The JBC is designed to provide a systematic way of recording data about social behavior and adjustment.

Items: Items were chosen by critical incident techniques extracted from behavioral descriptions of boy offenders in juvenile correctional institutions in California. No comparable validity studies were completed and teacher input was not sought. The items appear highly overt and descriptive. The normative samplings are inadequate.

Format: The Jesness has both an observer rating scale and a self appraisal inventory (SAI). The 80 items are rated on descriptive continuums located adjacent to the items. The scale can either be hand scored or computer scored. In hand scoring, templates are used which cluster the behavior for plotting on a graphic profile in T scores and percentile scores. The items are factor related to 14 dimensions. Subscales often appear inappropriately labelled, particularly the bipolar factors. Validity data on the present scales may be available now but were not in the 1977 manual.

Reliability: Test-retest reliabilities are not statistically significant. Inter-rater reliability correlations were reported from .36 to .57 on individual scales.

Utility: This checklist is still in the development stages. It would appear of moderate utility in correlating juvenile delinquent or Cluster I behaviors of the BD definitions.

Instrument: The Behavior Evaluation Scale (BES), 1983

Developer: Stephen B. McCarney, James E. Leigh, and Jane A. Cornbelt

Available: Pro-Ed
5341 Industrial Oaks Blvd.
Austin, Texas 78735

Intent: For use with students from K-12 grades to assist school personnel in making decisions about eligibility, placement, and programming for any student with behavior problems who has been referred for evaluation.

Items: The 52 items appear objectively phrased with few inferences needed except in determining the degree to which the behavior is observed. Face validity of the items is related directly to the learning environment and appear applicable to all grade levels. Little is known of the item source. Content, criterion-related, diagnostic and construct validation studies are strongly supported as indicated by the data in the manual. The BES was standardized on 1,018 students from grades K-12. The sample closely approximates the distribution within the United States.

Format: The scale's 42 items are located in a convenient protocol with a cover sheet profile. The items appear overt in quality with few inferential phrasings of the items. The rater is directed to respond to each item through referring to a 7 statement continuum which describes the item's frequence of occurrence. The continuum appears most innovative in comparison with other checklists. The degrees related on the continuum range from "Less than once a month to continuously throughout the day." The items are clustered into five major characteristics or subscales, with value weightings attached to each item. The subscales are then converted into standard scores and plotted on the cover's profile.

Reliability: Both internal consistency and test-retest reliability data are provided, with coefficients exceeding .90.

Utility: This instrument was not compared to other instruments contained in this manuscript. It is a new 1983 rating scale that appears to have much validity and possible high utility. This is an instrument that needs to be more thoroughly examined and experimented with by this writer. It was included in this review section due to its striking design, but with limited perusal for endorsement. More information on this instrument can be obtained through writing to: Behavior Evaluation Scale; Educational Services; P.O. Box 1835; Columbia, MO 65205.

Instrument: Revised Behavior Problem Checklist (1983)

Developers: Herbert C. Quay, Ph.D. and Donald R. Peterson, Ph.D.

Available: Herbert C. Quay, Ph.D.
Box 248074
University of Miami
Coral Gables, Florida 33124
Phone: 305/284-5208

Intent: The original BPC had been applied in clinical and school settings for purposes of screening and assessment of students displaying behavior deviance. Extensive research studies have supported its use in selecting contrasting groups of students as they relate to different dimensions of behavior.

Items: The initial item pool was limited in scope consequently limiting the scale's reliability. The revised scale has an augmented item pool (89 items) and factor analysis reveals five major and two minor scales. The original item pool was derived from an analysis of presenting complaints of children seen in a child guidance center. The Revised BPC was expanded through factor analysis on samples in private schools, private psychiatric residential facilities and a community-sponsored school for children with developmental disabilities. Concurrent, predictive and construct validity was established at a statistically significant level.

Format: The rater is instructed to respond to each item, indicating if it does not constitute a problem/constitutes a mild problem/constitutes a severe problem. A scoring stencil is placed over the checklist to enable the clustering of behavior responses. Items are related.

Reliability: Supportive studies of internal consistency and inter-rater reliability document high correlation coefficients for each scale.

Utility: The RBPC has high utility as an aid in clinical diagnosis and in providing supportive documentation for BD eligibility. Moderate utility is viewed when intending to use this instrument as an aid in communication between teacher and support personnel.

Instrument: Walker Problem Behavior Identification Checklist

Developer: Hill M. Walker, Ph.D., University of Oregon

Available: Revised Edition 1976-WPBIC
Western Psychological Services
Publishers and Distributors
12031 Wilshire Boulevard
Los Angeles, California 90025

Intent: Designed for use in the elementary grades. Standardized on grades 4, 5, 6. It is to be used as a supplement in the total identification process rather than as an instrument to simply classify children as emotionally disturbed. It appears descriptive rather than diagnostic or prescriptive.

Items: The 50 checklist items were drawn from teacher descriptions of classroom behavior problems in an Oregon school district. Observable descriptions of overt behavior were abstracted from each interview. Several items appeared clinical in origin.

Format: The rater is instructed to circle either the presence or absence of a particular item. Each item is columned by scale clusters (5) and yield a total score. Each scale score is converted to a T score and plotted on a profile analysis chart.

Validity: Research studies of criterion and constrasting group validity indicate this instrument has predictive efficiency of .33 correlation. Such results are limited in significance.

Reliability: Test-retest studies utilizing the Kuder-Pichardson split half method revealed a coefficient of .98 correlation. This indicates a considerable statistical reliability. Further inter-rater studies indicated a .83 correlational agreement between teachers.

Utility: The WPBIC is easy to use but limited to 4-6 grade levels. Normative data is not thorough. The instrument is uncluttered and convenient to score. Of concern in reviews (Spivack & Swift, 1973) is the selection of items. Walker employed concensus judgments in the selection of items rather than basing decisions upon data indicative of relative validity or reliability.

Chapter VI

INDIVIDUAL TRAIT DATA

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Chapter VI

INDIVIDUAL TRAIT DATA

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The members of society have expectations for the appropriate behavior of children. These expectations are a function of factors which include, but are not limited to the child's age, sex, position in birth order, and the socio-economic status of the family. A child whose behavior, for whatever reason, deviates from these expectations, and whose behavior is not generally consistent with the expectations of the people s/he encounters, is considered disordered. The child whose behavior is considered to be extremely different has special conditions imposed upon his/her behavior in the settings where the disordered behavior occurs. Formal assessment is used to determine the extent of the deviance of a particular child's behavior in a particular setting, which in this case is the school.

When adjectives such as excitable, aggressive, negativistic, hyprochrondriacal, and secretive are used to describe a student's behavior, we may be conficent that the student's behavior is not consistent with the expectations of those s/he encounters in school. However, the presence of negative traits does not necessarily warrant application of the label "behaviorally disordered." Any given trait or combination of traits may exist at different levels of strength in different children. The degree to which a child is conscious of the behavioral manifestation of the trait is also important. (This latter point has implications for preschool assessment, partially because the full pattern of a child's behavior becomes manifest only across the span of his/her childhood.) A trait is a descriptive rather than an explanatory concept. It is not a real structure to be changed. Therefore, trait attribution is useful primarily as an organizing principle that permits the integration of information from many sources.

A trait is traditionally defined as any distinguishable, relatively enduring disposition of a person to act in a certain way across a wide range of situations. Children who are said to possess a given trait, e.g., introversion, are assumed to behave consistently in an "introverted" manner. However, although there may be statistically significant behavioral consistencies across groups of these people with a given trait, the predictive relationship may not always be large enough to justify individual assessment and treatment decisions (Mischel, 1968).

The reason for including the methods of assessment covered in this chapter becomes clear if one examines the Iowa definition of "behaviorally disordered," and in particular, the description of "individual trait data." The methods of assessment described in this chapter refer to psychological dimensions which may not always relate to directly observable behavior, and which may characterize an individual's behavior across a variety of settings.

> "Individual Trait Data" includes information about the unique personal attributes of the pupil. This information, gathered through pupil and teacher interviews and relevant personality assessments, describes any distinctive patterns of behavior which characterize the pupil's personal feelings, attitudes, moods, perceptions, thought processes, and significant personality traits.

The data collected by the assessment devices discussed in this chapter appear to be most useful as supplementary information. Used alone, these data are not sufficient to document a behavior disorder. Further, predictions made from such data should be confirmed by observations of student behavioral functioning in the school or home.

The general concepts of validity and reliability in measurement have been discussed in other chapters. However, some parameters of these concepts will be discussed briefly with the hope that such discussion may serve as an advanced organizer to aid the reader in integrating the material presented in this chapter. These same dimensions may be considered by a professional who is deciding how to use particular individual trait data. The dimensions are stated in a question format and include the following:

1. To what extent must clinical intuition versus an objective procedure be relied upon to score, organize, interpret, and apply data from a given test?

2. To what extent does the assessment device attempt to describe a child as a unique whole versus extracting discrete relevant dimensions to compare to a norm group to determine deviance?

3. To what extent are the data from a given test valid for a particular purpose?

4. To what extent are the data from a given assessment device diagnostic versus prescriptive?

5. What is the relative utility of assessment data from a given test when assessment data from other tests are also available?

With respect to the first dimension, the professional should consider the degree to which there are a set of procedures to score and interpret assessment data from a test. The word "objective" in this instance does not necessarily imply that the assessment instrument is measuring directly observable behaviors as compared to less directly observable underlying processes. Instead, "objective" relates to the use of a predetermined scoring procedure to evaluate responses. This helps to insure that different examiners will obtain the same results when evaluating the same child with the test. The word "objective" in this context refers to an aspect of inter-scorer reliability. A projective test such as the Rorschach can be objectively scored to draw conclusions in a predetermined manner (Exner, 1974). But, an objectively scored Rorschach is not necessarily valid.

In general, validity is threatened to the degree that an instrument has low reliability, yielding different scores when the same set of persons are assessed twice or when different psychologists score the same child's responses on a particular test. However, an objective or reliable instrument is not necessarily valid for a given purpose. It is possible for all the types of instruments reviewed in this chapter to be objectively scored and interpreted, although the interview and projective methods traditionally have been used most frequently in a subjective or intuitive manner. Their validity, i.e., whether the trait a test purports to measure actually exists, is much more difficult to establish and ultimately rests on inference rather than objective evidence.

Assessment devices used to describe the integrated, unique functioning (personality) of a given child may or may not permit reference to a comparison or norm group. The Iowa definition of behavioral disorders stresses that specific dimensions of the student's behavior must deviate from that of an appropriate reference group. Although deviation from an age norm is stressed in the definition, it is often helpful when other important comparison groups have also been used in the standardization of a given test, e.g., those based on sex, race, socio-economic status or even characteristics related to the school setting. Ideally, norms should be stratified in a manner which accounts for the greatest variance. Failure to consider dimensions which account for considerable variance can lead to misleading interpretations of data.

With respect to the third dimension, no single assessment method is useful for all purposes, and conversely most assessment data are not totally useless. The more important issue relates to which assessment devices can most validly serve what purposes for what age levels. Individual trait data generally attempt to make predictions concerning how a child will react to the environment across a wide range of situations. To meet the requirements of the Iowa definition of behavioral disorders, one must determine how well predictions can be made within the school setting and whether they are supported by direct observation. Individual trait data may help choose the behaviors to observe in the school setting and to hypothesize about the dynamics underlying particular observable responses. However, individual trait data are just one part of a comprehensive assessment and never sufficient by themselves to document a behavioral disorder.

The fourth dimension, diagnostic versus prescriptive, suggests that trait data may have two important uses. Some data pertain primarily to the identification process, for example, data which document that a given child may appropriately be labeled as showing a behavioral disorder. Other trait data help us design an appropriate treatment for a specific student.

The final dimension concerning the "relative utility" of data reminds us that there are many ways to assess a child's functioning and personality. No one assessment device provides the basis for a perfectly accurate, comprehensive understanding of a child. Data collected from all general areas, carefully synthesized and interpreted, serves as the basis for thoughtful, professional decisions about eligibility and placement.

METHODS OF ASSESSMENT

Individual traits or personality characteristics are the dispositions, feelings, attributes, and response tendencies of people. These characteristics are not directly observable or obvious. They must be inferred from behavior. Many tests, rating scales, and techniques have been designed to quantify individual differences in personality.

Data about people are obtained in three basic ways. However, assessment techniques do not always fall cleanly into one of these three categories. First, one may judge, or rate another person's behavior or characteristics, e.g., attitude, confidence, mood. This important method for gathering information is covered in other parts of this manual. The focus of this chapter will be on the other two sources of data. These are: 1) self-report or self-rating, and 2) direct observations of performance.

Most inferences about personality traits have been based on self-reports (Mischel, 1971). Self-report measures can be classified as either structured or unstructured and sometimes the distinction is rather difficult. By structured self-reports we will mean tests which are to be answered in a restricted manner, i.e., the student has to choose between a given group of responses. Unstructured self-report data are often collected through interviewing. It will be discussed as the example of the unstructured technique.

Finally, we will discuss the procedures by which performance is elicited and observed directly. Here, the entire focus will be on projective techniques. They are methods in which the individual is asked to respond to ambiguous stimuli and their responses are recorded. Projective techniques are best described as samples of performance elicited by exposure to standardized, if ambiguous, stimuli.

Structured Self-Report

Two broad groups of instruments will be discussed in this section. These are general personality inventories and self-esteem inventories. Many different formats have evolved for obtaining information on these tests. However, the one thing they all have in common is structure. Each presents a very restricted response range from which the student must choose, e.g., yes/no, true/false, like me/not like me. Also, each consists of a fairly large number of questions/tasks. The major advantage of these instruments is their potential for quantification of responses. As a consequence, response patterns of norm groups may be established and the psychometric properties of the instruments, i.e., reliability and validity, can be estimated using standard statistical procedures. The assumptions of item equivalents and standard intervals required for use of these statistics are seldom met by these inventories, however, so the appearance of robustness thus obtained is partially false.

Personality Tests

When one is seeking a comprehensive description of individual traits, a multi-dimensional measure is most appropriate. Tests of this nature tap a number of personal characteristics or individual personality traits. Appendix A gives a description of seven different tests which are recommended for use in this area. One must carefully consider the age of the student and nature of the concern before deciding which one(s) of these is appropriate in a particular situation.

Self-Esteem Inventories

These tests are probably the best example of uni-dimensional trait assessments which are useful and relevant in the school setting. In contrast to the multi-dimensional personality measures, these tests only assess one trait. Self-esteem refers to the individual's personal judgment of his/her own worth (Coopersmith, 1967). Since it is such an important part of the broader term "self-concept," the two are often used interchangeably. The concept of self-esteem is extremely important in child development. As such, this is often an individual trait of great concern to parents and educators. In Appendix B are descriptions of four recommended self-esteem inventories. Again, the user of these instruments should always consider the age of the student and reason for assessment before deciding which of the inventories to use.

Assessment Considerations

All methods of assessment have strengths and weaknesses. The major strength of self-report techniques is their objectivity and psychometric integrity. However, one would be naive to assume these tests are without fault.

The most widely researched issue of concern is "response set." Rather than responding openly, people sometimes tend to answer questions so as to project a chosen image of themselves. Differences in willingness to complain or to endorse socially undesirable items may also influence the results of self-report inventories. As in any multiple choice format, a person's answer may be based on an incorrect interpretation of the item and the options provided. Response set and tendency to error are regarded by some authors as significant personality variables in themselves. Sarason (1972) suggests four aspects that should be answered when developing or evaluating self-report questions:

1. Does the wording influence the response?
2. Do the directions influence self-description?
3. How does the individual react to self-description?
4. Can the response set and attitude be manipulated?

Another concern is redundancy. Do the different tests really measure unique, discrete variables as the test authors claim, or are they all measuring the same thing and just giving it a new name? Further, since many personality tests correlate significantly with intelligence, it is often argued that IQ plays an extremely important role in response to self-esteem inventories.

Finally, there have been objections to the use of personality tests to make judgments about people. This is particularly true for self-report measures where questions may ask respondents to disclose sensitive information about themselves or others. Some parents feel it is an invasion of privacy to ask their students to answer prying questions and divulge information about themselves or their families which could be used in a negative manner. The ethics of personality assessment is an issue of great importance. Strict professional ethics should be observed when using the results of these techniques.

Interview

This section focuses on the use of the interview as an unstructured self-report technique during the evaluation of potentially behaviorally disordered students. The interview is only one component in the evaluation process and unstructured self-report data need to be interpreted as part of an integrated whole, which includes data from other sources. This section discusses the content of the interview, the purposes for conducting interviews, and the type of data which may be gathered and usefully employed in the diagnostic process. This section will not discuss the process of the interview or the skills and techniques necessary to be an effective interviewer. Information about these topics is available in one of the excellent and practical texts on the subject (Cormier & Cormier, 1979; Ivey, 1982).

Reliability and Validity of Interview Data

Questions about the reliability of interview data can be examined from the perspectives of test-retest reliability, interrater reliability, and internal consistency. One of the values of approaching the interviewing process in a systematic manner is that it allows the examiner to conduct follow-up interviews to determine if the initially obtained data and impressions are persistent over time and situations. An inspection of consistent and variable information can then lead to the formulation of diagnostic hypotheses about the endogenous, enduring nature of certain "traits" and about the impact of various social and situational forces in the client's environment.

Interrater reliability becomes an issue primarily during the process of interpretation. If the interview questions are truly representative of a larger theoretical context then several different evaluators who are familiar with the theory should be able to derive similar understandings and interpretations from the interview. Interview data can also be submitted to an analysis of internal consistency. Questions which seek similar information can be interposed throughout the interview and the client's responses can be examined for consistency. Internal consistency can also be assessed in view of the theory to be explored. Questions can be formulated so that the client's response to one item allows a theory-based prediction of the client's probable response to a second item. A failure to obtain the expected response leads the interviewer to consider possible explanations for the discrepancy.

One of the questions that each interviewer must answer is the importance to be given to interview data. Is the information obtained by interview considered to be equally valid with data obtained through other procedures and should it be given equal weight in decision making? If the interviewer is not certain about the utility of interview data or has doubts about using the data in decision making, its collection is an empty exercise. While few studies have examined the psychometric properties of interview data, the most important validity questions about interviews are idiographic. The question which really needs to be posed is "Does this particular interviewer, using a designated interview format, obtain information which accurately describes the student and contributes meaningfully to the diagnostic process?" This question can be studied for particular interviewers and formats by examining the concurrent, predictive, and construct validity of the data which are obtained.

Concurrent validity can be examined by comparing the diagnostic conclusions gleaned from interviews with data obtained from other sources, such as psychological tests and rating scales. Predictive validity may be assessed by longitudinally following subjects and determining to what extent the interviewers diagnostic conclusions are in fact evidenced during future behavior.

Construct validity is best considered by examining the topics addressed during the interview in light of particular theories of personality and psychopathology. To be most useful and to facilitate the interpretation of the obtained data, the interviewer should approach the task with the goal of exploring specific personality constructs from a theoretical point of view. Without such a "theoretical beacon" to guide the interview, the process often becomes a discussion of aimless topics and fails to yield any systematically interpretable data. The client may introduce some material and topics which need to be explored. Such content is potentially important and it should be discussed in a manner which is well-timed and respecting of relationship and rapport factors. However, the interviewer should attempt to incorporate these data into the developing theoretical understanding of the client and continue in a purposeful, systematic manner to assess the client in accordance with his/her own agenda of questions and issues.

Interview Style and Personality Theory

It has been stressed that the interviewer should structure the interview format and questions with a theoretical point of view in mind. As an example of this process, the interviewer operating from a behavioral theory perspective (emphasizing situational variables and the role of learning) will spend a good deal of time during the interview exploring such issues as when and where the behavior occurs, events that may cue the behavior, and consequences that may serve to reinforce and maintain the behavior. A more cognitively oriented interviewer would direct attention to the client's thoughts, self-statements, and covert speech and attempt to understand the relationships between these cognitive events and the client's concomitant feelings and behavior. This can be contrasted with a more humanistic or client-centered approach which might more directly focus on affective variables as a presumed causal factor for the student's concerns. A psychoanalytic interviewer, on the other hand, would structure the interview to explore dynamic constructs. It is possible to approach the interview from an eclectic viewpoint; but, the eclecticism must be implemented in an organized, preplanned manner. The eclectic interviewer should clearly establish the purpose of exploring the given content.

In addition to the exploration of content related to theoretical concerns, the interviewer will need to give some attention to what might be called "descriptive" or "pragmatic" concerns. In this category are included such issues as demographic and familial information, motivation and investment in the interview process, and the client's own explanation of recent events which have made the interview necessary.

There are issues unique to the evaluation of behavior disorders in the school setting which also need to be discussed in the context of the relationship between theory and interview content. An initial consideration of the interviewer is the definition of behavioral disorders that has been adopted in Iowa. Data should be obtained that help make a determination about whether a student's behavior meets the eligibility criteria implied by the definition.

Another school-related issue involves the educational relevance of the obtained data. While it could be persuasively argued that anything which helps the interviewer understand the client is educationally relevant, it is also true that the interviewer must prioritize the use of his/her limited time, and sometimes, the limited attention span of younger children. Additionally, there are ethical considerations involving the right to privacy, a particularly sensitive issue for a public agency. When these factors are considered, it seems prudent to focus the interview on issues which are directly related to school and to problems which may be occurring in school. It is frequently very difficult to separate home, community, and school issues, but professionals conducting interviews for school purposes should attempt to focus on school matters as much as possible.

Finally, it should be noted that useful interview data help the staffing team move beyond description to prescription. The skillful, well-organized interviewer gives special attention and more detailed discussion to aspects of the student's situation which have some potential for change or intervention.

Goals and Purposes of an Interview

This chapter has emphasized the importance of planning the diagnostic interview in a manner reflecting the interviewer's own theory of personality and abnormal behavior. Additionally, educational and programming relevance have been discussed. This section focuses on some of the additional purposes and goals that may be accomplished by including interview data as part of the diagnosis of potential behavior disorders in students.

The interview as a sample of verbal and social skills. Apart from the content and the topics discussed, the interview provides valuable information about the student's verbal and social skills. It provides an opportunity to observe in vivo the student's capacity to use language, express thoughts and feelings, and respond to the stimulus of another human being. By strategically presenting a variety of social stimuli, the interviewer can assess how the student responds to empathy, confrontation, or many other forms of social interactions which may be of diagnostic significance.

The interview as an opportunity to obtain the student's perception of his/her situation. A necessary part of the diagnostic process must be the client's own self-report of the situation which s/he is experiencing. The self-reported data should include the client's description of events, the behavior of relevant others, and the client's description of his/her thoughts, feelings, and opinions about the current situation. The interview provides an opportunity to inquire frankly about possible solutions which the student sees to his/her present difficulties. It is also sometimes useful to inquire about the client's perceptions of the roles and motivations of significant others.

The interview as a supplement to data not easily obtained in other ways (unique, idiographic data). Despite the sophistication and obvious utility of other norm-referenced and projective devices, there are always some areas of personal functioning which will be inadequately covered by psychometric instruments. The interview provides an opportunity to tailor the assessment process to unique circumstances and to explore issues which are not covered by other tests.

The interview as a screening tool and as a means of planning further assessment activities. When the interview is conducted during the initial stages of a comprehensive assessment, it can serve as a screening tool to highlight issues, raise questions, and direct the efforts and choice of procedures for other parts of the diagnostic process.

The interview as a device to help integrate and synthesize data obtained in other ways. When the interview is used as a culminating activity within the diagnostic process, it can help in the process of integrating and synthesizing data that have been obtained from other sources. The interviewer can detect common threads of information, make interpretations based upon the already obtained data, and direct the interview to allow further exploration or confirmation of tentatively held hypotheses. This process can serve as a validity check on the other sources of data.

Ethical requirements of the interview. If the assessment process is being conducted for the purpose of making an educational decision about a client (such as a staffing for special education placement), interview data must be collected by the people who will participate directly in the programming decisions. Serious misinterpretations of data and errors in judgment may result when indirectly obtained information is used.

The interview as a means of assessing cultural differences. There are students who, because of cultural, ethnic, or other unique experiential backgrounds, will not be asessed in a reliable or valid manner by many of the traditional assessment techniques. The interview provides an opportunity to individualize the assessment process for such students. The interview may also serve a similar purpose with students or parents who are unable to participate in more formal assessment activities because of intellectual or academic handicaps. It is also possible to interview the linguistically different or hearing-impaired client with the aid of an interpreter.

The interview as an opportunity to assess "here and now" concerns, crisis situations, and provide ongoing, updated evaluation. The interview, because of its fluid nature and the possibility of ongoing, updated evaluation, provides an opportunity to gather data during crucial life events. It provides "here and now" data which can be gleaned from events in the client's life. Such data can be extremely important in providing an insightful understanding of the client.

Group interviews as an opportunity to observe peer relationships and social interactions. Some situations allow the use of group interviews to assess peer relationships and social interactions. Such an approach has the added advantage of removing the focus from the targeted referred student and recognizing that the student may be best understood within his/her existing social situation.

Evaluating and Reporting Interview Data

Jennings (1982) has created a useful instrument to assist the interviewer in evaluating the effectiveness of interviews. The essential contribution of this instrument is the provision it makes for allowing the interviewer to evaluate systematically the extent to which s/he has actually engaged in and accomplished his/her predetermined goals. Various permutations on this process may be improvised by individual interviewers. If the interviewer systematically plans the interview, s/he is in a position to determine if the pre-interview objectives are accomplished. An examination of several interview protocols can suggest areas which need further attention.

Conclusions and interpretations derived from interview data need to be integrated with those from other sources and reported in summary form. While diagnostic conclusions do need some evidenciary support, the interviewer typically should not report raw data and exact quotes which have been obtained through interviews. However, some information can be so impactful in its original form, or so essential in helping others to understand the client, that there exists ample justification for sharing verbatim comments. Questions involving possible danger to the client or to another individual are examples of situations which would justify the breaching of the usually confidential relationship between client and interviewer. Because there is such potential, it is wise to inform the client at the time of the initial interview of the purpose of the evaluation and the fact the interviewer may be required to disclose some comments in the client's best interests. When done in a straightforward and empathic manner such a procedure seldom interferes with the rapport between interviewer and client.

Ultimately the utility of any interview must be evaluated in light of its contribution to the total, comprehensive, diagnostic process. There are no substitutes for ongoing re-evaluation of one's practices, periodic follow-up to determine the status of previous cases, and occasional peer review from one's colleagues.

PROJECTIVE TECHNIQUES

These methods of assessment have their roots firmly planted in dynamic personality theory. In a large part this theory has been psychoanalytic. The main characteristic of these techniques is that the stimulus or task is ambiguous. The goal is the investigation of personality through study of the unique difference in clients' interpretations of a standard situation. Projective procedures are based on an assumption that people will organize an ambiguous stimuli to reflect their own wishes, feelings, thoughts and experiences and reveal this organization in a verbal description of what they "see." These techniques may be considered as a way to view a person's unconscious or inner world. Appendix C contains a brief description of the most commonly used projective techniques. Only individuals qualified by training and experience should use these tests.

Projective techniques are beneficial in part because they can be viewed from three perspectives. First, they can be seen simply as a test. Second, they can be conceived as an interview in which standard stimuli are presented; and third, they can be viewed as a means of obtaining a sample of behavior. It is this plurality of purpose which explains the continuing popularity of these methods.

There are at least two major cautions one should consider when utilizing these methods. First, these tests have questionable validity. In fact, a major objective of the projective assessment is to keep the situation ambiguous and not give the student any feedback concerning the nature or meaning of the task. Additional problems of validity arise from reliance or inference of personality traits from responses to ambiguous items. Then, it is hard to assess the relationship of the inferred personality variables to actual behavior.

The second major flaw of projective techniques concerns reliability of measurement. With most of these instruments it is very difficult to quantify, categorize, and reliably score a student's responses. Different examiners often disagree about the significance of any particular responses or group of responses. The choice of one interpretation as the most valid then becomes a matter of differences in the professional status of the interpreters or the plausibility of the interpretations. Objective criteria against which validity might be tested are lacking.

SUMMARY

When evaluating personality data one must always be looking for anchors, sources of validation and independent verification. Situational variables and other sources of random error can have a significant impact on personality test results. Because of this fact any conclusion that cannot be validated from other sources should remain tentative. Since many of the tests and techniques available for gathering personality data are of questionable reliability and validity, their use produces hypotheses rather than facts. Data regarding individual traits should be combined with data from other sources to generate stronger hypotheses about the causes of and remedies for student behavioral disorders.

The thoughtful professional will always be extremely careful when reporting and discussing individual trait data. This caution is based on ethical considerations rather than a desire to be secretive. It is only too easy to engage in psychological voyeurism. This has no place in the professional setting. Every child and every child's family has the right to privacy which should not be invaded or exploited by school personnel unless there is a clear, educational purpose for the intrusion. This is probably the guiding principal for sharing of any information. If the data are educationally relevant, i.e., they have impact on educational decisions, they ought to be shared.

Individual trait data (personality data) are essential to the comprehensive understanding of any student. This is particularly true if the student is seen as disordered or deviant by the school system. It would be unethical and grossly unjust to identify a student as handicapped without examining the student's thoughts, feelings, and attitudes about the situation. There is no substitute for insight. Through the methods discussed in this chapter, such insight may be obtained.

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APPENDIX A

MULTIDIMENSIONAL SELF-REPORT MEASURES
(STRUCTURED PERSONALITY TESTS)

CHILDREN'S PERSONALITY QUESTIONNAIRE
EARLY SCHOOL PERSONALITY QUESTIONNAIRE
HIGH SCHOOL PERSONALITY QUESTIONNAIRE
JESNESS INVENTORY
MISSOURI CHILDREN'S PICTURE SERIES
MINNESOTA MULTIPHASIC PERSONALITY INVENTORY
PERSONALITY INVENTORY FOR CHILDREN - REVISED

TITLE: CHILDREN'S PERSONALITY QUESTIONNAIRE
"What You Do and What you Think"

AUTHOR: Rutherford B. Porter
Raymond B. Cattell

COPYRIGHT: 1959-1982

PUBLISHER: Institute for Personality and Ability Testing
P.O. Box 188
Champaign, Illinois 61820

AGE RANGE: 8-12 years

ADMINISTRATION: Approximately 30-60 minutes. Four (4) forms are available.

DESCRIPTION: The CPQ consists of 140 items which are completed by the student who marks the response which best "fits" him or her.

According to its author the test measures the following fourteen (14) independent dimensions of personality.

Reserved	vs.	Warmhearted
Dull	vs.	Bright
Affected by feelings	vs.	Emotionally stable
Phlegmatic	vs.	Excitable
Obedient	vs.	Dominant
Sober	vs.	Enthusiastic
Expedient	vs.	Conscientious
Shy	vs.	Venturesome
Tough-minded	vs.	Tender-minded
Zestful	vs.	Circumspect Individualism
Forthright	vs.	Shrewd
Self-Assured	vs.	Guilt-Prone
Undisciplined	vs.	Controlled
Relaxed	vs.	Tense

The CPQ can be hand or machine scored. Each of the fourteen factors yields a raw score which is converted to a sten score (range: 1 to 10) from the normative tables.

By combining these primary scale scores, broad personality trait patterns may also be obtained. These broad patterns are: Extraversion, Anxiety, Tough Poise, and Independence.

STANDARDIZATION: Norm tables are available for boys and girls based upon a total sample of 15,000. Each score in the sample was weighted according to a formula to balance for geographic region, ethnic group, socioeconomic status, community size, and age.

MEASUREMENT CHARACTERISTICS: Reliability: Test - Retest Coefficients after a one week interval range from .28 to .82 for the 14 scales. The median is .63.

Validity: Concept Validity Coefficients are reported which range from .20 to .90. The median is .59.

TITLE:	EARLY SCHOOL PERSONALITY QUESTIONNAIRE
AUTHOR:	Raymond B. Cattell Richard W. Coan
COPYRIGHT:	1966-1982
PUBLISHER:	Institute for Personality and Ability Testing P.O. Box 188 Champaign, Illinois 61820
AGE RANGE:	6-8 years
ADMINISTRATION:	Approximately 45-90 minutes if both part A-1 and A-2 are given.

DESCRIPTION: The ESPQ consists of 160 items which are read to a student who responds on a non-reading answer sheet. The test consists of thirteen independent scales which are thought to be important within personality development. These thirteen dimensions are:

Reserved	vs.	Warmhearted
Dull	vs.	Bright
Affected by feelings	vs.	Emotionally stable
Undemonstrative	vs.	Excitable
Obedient	vs.	Dominant
Sober	vs.	Enthusiastic
Disregards rules	vs.	Conscientious
Shy	vs.	Venturesome
Tough-minded	vs.	Tender-minded
Vigorous	vs.	Circumspect
Forthright	vs.	Shrewd
Self-Assured	vs.	Guilt-Prone
Relaxed	vs.	Tense

The ESPQ can be hand or machine scored. Each of the thirteen factors yields a raw score which is converted to a sten score (range: 1 to 10) from the normative tables. By combining scores on the primary 4 broad personality trait patterns: (Extraversion, Anxiety, Tough Poise, Independence) may also be obtained.

STANDARDIZATION: The normative tables were developed from a sample of 1,653 children. The sample is described according to age and sex. There is no description of the ethnic, geographic, or socio-economic make-up of the sample.

MEASUREMENT CHARACTERISTICS:	Reliability: Test - Equivalence coefficients describe the agreement of scores between parallel forms of test. To calculate these parts A_1 and A_2 were compared for each of the thirteen factors for males and females. The coefficients range from .16 to .73. The median is .31. Also, the authors report what they consider to be "lower-bound" estimates of test-retest reliability coefficients for each of the factors. These coefficients range from .28 to .84. The median is .48. Validity: Concept validities for the thirteen scales are reported. These have been obtained as multiple correlations between the actual scales and the pure factors determined through factor analysis. The coefficients range from .32 to .84. The median is .62.

TITLE: HIGH SCHOOL PERSONALITY QUESTIONNAIRE

AUTHOR: Raymond B. Cattell
Mary D. Cattell

COPYRIGHT: 1958-1983

PUBLISHER: Institute for Personality and Ability Testing
P.O. Box 188
Champaign, Illinois 61820

AGE RANGE: 12-18 years

ADMINISTRATION: Approximately 45-60 minutes. Four (4) alternate forms are available.

DESCRIPTION: The HSPQ consists of 142 items on which the student must choose among three possible answers. The test measures fourteen independent dimensions of personality. They are as follows:

Reserved	vs.	Warmhearted
Dull	vs.	Bright
Affected by feelings	vs.	Emotionally stable
Undemonstrative	vs.	Excitable
Obedient	vs.	Dominant
Sober	vs.	Enthusiastic
Disregards rules	vs.	Conscientious
Shy	vs.	Venturesome
Tough-Minded	vs.	Tender-Minded
Zestful	vs.	Circumspect Individualism
Forthright	vs.	Shrewd
Self-Assured	vs.	Guilt-Prone
Group Dependency	vs.	Self-Sufficient
Uncontrolled	vs.	Controlled
Relaxed	vs.	Tense

The test can be hand scored with stencils or machine scored. Each of the fourteen factors yields a raw score which is converted to a sten score (range: 1 to 10) from the normative tables. The sten scores are then plotted on a profile sheet to make a graphic representation of the student's personality.

Through various combinations of the primary factor scores, secondary scores may be obtained for exvia, anxiety, cortertia, independence, school achievement, neuroticism, delinquency proneness, recovery from delinquency, creativity, and leadership potential.

STANDARDIZATION: A total of 9,386 students comprised the normative group. However, many of them were administered more than one form of the test. The sample was balanced for age, sex, geographic region and ethnic background.

MEASUREMENT CHARACTERISTICS: Reliability: Test-retest reliabilities are given which reflect immediate retest, retest after one day, and retest after two weeks. The coefficients for each of the fourteen factors on the retest after two weeks range from .55 to .76. The median is .67.

Validity: Concept validities for the fourteen scales are reported. These are given for various combinations of the different forms. The lowest concept validity coefficients are found when Form A of the HSPQ is used in isolation. These coefficients range from .57 to .77. The median is .68.

TITLE: THE JESNESS INVENTORY

AUTHOR: Carl F. Jesness

COPYRIGHT: 1966-1972

PUBLISHER: Consulting Psychologists Press
557 College Avenue
Palo Alto, California 94306

AGE RANGE: 8-18 years

ADMINISTRATION: Approximately 45 minutes

DESCRIPTION: The Jesness Inventory was designed for use in classification of disturbed children and adolescents. It contains 155 true-false items which are divided into eleven different scales. The eleven scales are as follows:

- Social-Maladjustment
- Value Orientation
- Immaturity
- Autism
- Alienation
- Manifest Aggression
- Withdrawal
- Social Anxiety
- Repression
- Denial
- Asocial Index

Once raw scores are obtained T-score equivalents may be found in the norm tables for the students age and sex.

STANDARDIZATION: The Inventory was developed with a sample of 3,306 delinquents and nondelinquents from California. Both males and females are included. The normative tables, however, are based on the nondelinquents only.

MEASUREMENT CHARACTERISTICS: Reliability: Split-half reliability for the individual subscales range from .62 to .88. The median is .71. Stability estimates are .40 to .79 with a median of .69.

Validity: Data are not available in the manual.

TITLE: MISSOURI CHILDREN'S PICTURE SERIES

AUTHOR:
Jacob O. Sines
Jerome D. Pauker
Lloyd K. Sines

COPYRIGHT: 1963-1964

PUBLISHER:
Psychological Assessment and Services
P.O. Box 1031
Iowa City, Iowa 52240

AGE RANGE: Ages 5-16 years

ADMINISTRATION: Approximately 10 to 20 minutes

DESCRIPTION: The test consists of 238 picture cards which the student sorts in two groups. Those which look like fun go in one pile and those which don't look like fun go in another. The task is very simple, the directions are very straightforward and no reading is involved. The test measures eight personality dimensions. These are:

- Conformity
- Masculinity-Femininity
- Maturity
- Aggressions
- Inhibition
- Activity Level
- Sleep Disturbance
- Somatization

Through the use of norm tables raw scores are converted to T-scores for each of the dimensions.

STANDARDIZATION: The test was normed on 3,877 children in kindergarten through 11th grade. An approximately equal number of males and females were included in the group. However, no information about other demographic aspects of the sample is provided. Also, for the development of some of the test's scales a clinic sample of 404 boys was used. The user of this test should consult the manual for a detailed description of this norm development.

MEASUREMENT CHARACTERISTICS: Reliability: Split half reliabilities of the eight scales have been determined for males and females in the normative group. These coefficients range from .20 to .83. The median is .47. Ten day test-retest reliabilities have also been calculated for the eight scales. These coefficients range from .45 to .77. The median is .62.

Validity: The MCPS manual discusses the issue of criterion validity as it relates to the different subscales of the test. Also, data are presented regarding construct validity.

TITLE: MINNESOTA MULTIPHASIC PERSONALITY INVENTORY

AUTHOR: Starke R. Hathaway
J. Charnley McKinley

COPYRIGHT: 1942-1967

PUBLISHER: Interpretive Scoring Systems
P.O. Box 1416
Minneapolis, Minnesota 55440

AGE RANGE: Ages 14 or older

ADMINISTRATION: Approximately 45 to 90 minutes. The MMPI is available in three (3) different formats (card format, group format, Form R). The Form R has many advantages and can be either hand scored or machine scored.

DESCRIPTION: The MMPI is an inventory test which consists of 566 true-false items. Unless the items are read to the student a 6th grade reading level is required.

The test has four (4) validity scales and ten (10) clinical scales. The clinical scales are:

- Hypochondriasis
- Depression
- Hysteria
- Psychopathic deviate
- Masculinity-femininity
- Paranoia
- Psychasthenia
- Schizophrenia
- Hypomania
- Social Introversion

An MMPI profile is obtained by converting the raw scores on each scale to T-scores.

STANDARDIZATION: The scales were developed by contrasting the responses of normal groups, approximately 700 people who visited the University of Minnesota Hospital, with over 800 carefully selected clinical cases. Both males and females were included in the sample and the age range was from 16 to 55. Subsequently, norms have been developed for adolescents (age 14 to 17). These are based on a national sample of 1,766 normals and 834 teenagers who were involved in psychotherapy of one form or another. [Marks, P., Seeman, W. & Haller, D. (1974). The Acturial Use of the MMPI with Adolescents and Adults. Baltimore: Williams & Wilkins.]

MEASUREMENT CHARACTERISTICS: Over 6,000 books and articles have been written which reference the MMPI, its measurement characteristics, and its applicablity with different populations. The MMPI manual gives the following data:

Reliability: Test-retest coefficients for normals and psychiatric patients for the 10 scales range from .52 and .90. The median is .77.

Validity: A high score on a particular scale has been found to predict the corresponding clinical diagnosis in more than 60% of new psychiatric admissions.

TITLE: THE PERSONALITY INVENTORY FOR CHILDREN - REVISED

AUTHOR:
Robert D. Wirt
David Lochar
James E. Klinedinst
Philip D. Seat
William E. Broen

COPYRIGHT: 1977-1982

PUBLISHER:
Western Psychological Services
12031 Wilshire
Los Angeles, California 90025

AGE RANGE: 3-16 years

ADMINISTRATION: This self-administered inventory is completed by the student's parent in approximately 45 to 90 minutes.

DESCRIPTION: The PIC-R consists of a total of 600 true-false questions completed by a primary informant, usually the student's mother. By completing the first three parts of the test (the first 420 items), 4 validity and screening scales may be obtained, 4 broad based factor scores may be obtained, and 10 clinical scales may be obtained. The clinical scales are:

Achievement
Intellectual Screening
Development
Somatic Concern
Depression
Family Relations
Delinquency
Withdrawal
Anxiety
Psychosis
Hyperactivity
Social Skills

The responses are transferred to T-scores and a clinical profile of the 18 scales is obtained. In addition, if all 600 items are given there are 17 supplemental scales which may be obtained.

STANDARDIZATION: The PIC-R was standardized on 2,390 nomal children from Minnesota. There were about 100 boys and 100 girls at each age level from 5 to 16. Also, 192 normal children between the ages of 3-5 were tested.

MEASUREMENT CHARACTERISTICS:

Reliability: Test-retest average reliability coefficient for the clinical scales is .86. Coefficients in normal samples for the individual scales have been found to range from .34 to .97.

Validity: Criterion validity ranges from .62 to .91 for the scales where data were reported.

APPENDIX B

UNIDIMENSIONAL SELF-REPORT MEASURES

(STRUCTURED SELF-ESTEEM INVENTORIES)

COOPERSMITH SELF-ESTEEM INVENTORY

INFERRED SELF-CONCEPT SCALE

PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE

TENNESSEE SELF-CONCEPT SCALE

TITLE: COOPERSMITH SELF-ESTEEM INVENTORY

AUTHOR: Stanley Coopersmith

COPYRIGHT: 1967

PUBLISHER: W. H. Freeman and Company
1736 Stockton Street
San Francisco, CA 94133

AGE RANGE: Age 9 to adult

ADMINISTRATION: Approximately 10 minutes

DESCRIPTION: The Coopersmith consists of 58 short statements which are answered by the student as "like me" or "unlike me." Within the Inventory there are 5 subscales. These are:

- General Self
- Social Self
- Home-Parents
- Lie Scale
- School-Academics

STANDARDIZATION: The Coopersmith was normed on 102 students in New York state and 1,748 students in Connecticut.

MEASUREMENT CHARACTERISTICS: Reliability: Split-half reliability is reported as .90.

Validity: All items in the scale were agreed upon by 5 psychologists as indicating high or low self-esteem.

TITLE: INFERRED SELF-CONCEPT SCALE

AUTHOR: E. L. McDaniel

COPYRIGHT: 1973

PUBLISHER: Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025

AGE RANGE: 6-12 years

ADMINISTRATION: The scale can be completed in 5-10 minutes by the student's teacher.

DESCRIPTION: The scale is based on the assumption self-concept can be inferred from behavior. Specifically, it can be assessed through the systematic observation and rating of behavior manifest in the school setting. The observer rates the student on a 5-point scale (Always to Never) for 30 different behaviors. The total score is obtained by summing the ratings.

STANDARDIZATION: No real norms are available. Average scores for various groupings of 180 children in Austin, Texas are provided.

MEASUREMENT CHARACTERISTICS: Reliability: Interrater reliability, coefficients on the 30 items range from .07 to .58. The median is .32. The correlation coefficient between the total scores is .58.

Validity: Not demonstrated.

TITLE: PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE
"The Way I Feel About Myself"

AUTHOR: Ellen V. Piers
Dale B. Harris

COPYRIGHT: 1969

PUBLISHER: Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025

AGE RANGE: 9-18 years. If the items are read by the examiner, younger children may take the test.

ADMINISTRATION: Approximately 15-20 minutes.

DESCRIPTION: The scale consists of 80 declarative statements which can be answered "yes" or "no." It provides a percentile rank of the child's self-concept compared with the normative group. Also, scores for the following 6 subscales may be obtained:

Behavior
Intellectual and School Status
Physical Appearance and Attributes
Anxiety
Popularity
Happiness and Satisfaction

STANDARDIZATION: The normative group consisted of 1,183 children in grades 4 through 12 in a large school district. There is a cross section of socioeconomic levels and mixture of slow, average, and bright students.

MEASUREMENT CHARACTERISTICS: Reliability: The test-retest reliability coefficient for a 4 month time span with 5th grade students is reported as .77.

Validity: The Piers-Harris correlates r = .68 with the Lipsitts 1958 Self-Concept Scale for Children. Also, it is reported to have a low, insignificant correlation with IQ.

TITLE: TENNESSEE SELF CONCEPT SCALE

AUTHOR: William Fitts

COPYRIGHT: 1964-1965

PUBLISHER: Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025

AGE RANGE: Ages 12 and over

ADMINISTRATION: Approximately 10-20 minutes. There are two forms of the scale. Form C is appropriate if the results will be used with a client. Form C + R yields additional measures and is appropriate for research.

DESCRIPTION: The scale consists of 100 self-descriptive statements which the student rates on a 5-point scale (completely true to completely false). Within it there is a total self-concept score and 8 other self-esteem scores. These are:

Identity
Self-satisfaction
Behavior
Physical Self
Moral-ethical Self
Personal Self
Family Self
Social

STANDARDIZATION: The norms were developed on a sample of 626 people from various parts of the country. There was some attempt to account for the variables of sex, age, race, education, and intelligence, but the norm group does not reflect the population as a whole in proportion to its national composition. However, the author states there is no need to improve the norms since these variables have almost no impact on the scale.

MEASUREMENT CHARACTERISTICS: Reliability: Test-retest reliability coefficients of all major scores on the test are reported. These range from .92 to .60. The median is .80.

Validity: There is a lengthy discussion in the scale manual regarding content validity, discriminant validity, correlation between the scale and other personality measures, and personality changes under particular conditions. Any user of this instrument should study these data very carefully.

APPENDIX C

PROJECTIVE TESTS

CHILDREN'S APPERCEPTION TEST

DRAW-A-PERSON TEST

HOUSE-TREE-PERSON

ROTTER INCOMPLETE SENTENCES BLANK

THEMATIC APPERCEPTION TEST

TITLE: CHILDREN'S APPERCEPTION TEST

AUTHOR: Leopold Bellak
Sonya Bellak

COPYRIGHT: 1949-1974

PUBLISHER: The Psychological Corporation
7555 Caldwell Avenue
Chicago, IL 60648

AGE RANGE: Ages 3-10 years

DESCRIPTION: The CAT consists of ten picture cards depicting animals in various situations. The student's task is to tell a story about each picture. The pictures were designed to elicit responses to various situations, e.g., feeding problems, sibling rivalry, aggression, toilet training.

RESOURCE MATERIAL:

(1) Haworth, M. (1966). *The C.A.T.: Facts About Fantasy*. New York: Grune & Stratton.

(2) Bellak, L. (1975). *The Thematic Apperception Test, the Children's Apperception Test and the Senior Apperception Technique in Clinical Use* (3rd Edition). New York: Grune & Stratton.

TITLE: DRAW-A-PERSON TEST

AUTHOR: William H. Urban

COPYRIGHT: 1963

PUBLISHER: Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025

AGE RANGE: Ages 5 and over

DESCRIPTION: In this test the subject is asked to draw a picture of a person.

RESOURCE MATERIAL: Available from the Publisher:

(1) The Draw-A-Person Catalogue for Interpretative Analyses. By William H. Urban.

(2) Psychodiagnostics and Personality Assessment: A Handbook (2nd Edition). by Donald P. Ogdon.

Others:

(1) Hammer, Emanuel F. (1980). The Clinical Application of Projective Drawings. Springfield, Illinois: C. C. Thomas.

(2) Machover, Karen (1980). Personality Projection in the Drawing of the Human Figure. Springfield, Illinois: C. C. Thomas.

(3) Koppitz, Elizabeth (1967). Psychological Evaluation of Children's Human Figure Drawings. New York: Grune & Stratton.

TITLE: HOUSE-TREE-PERSON (H-T-P)

AUTHOR: John N. Buck

COPYRIGHT: 1946-1966

PUBLISHER: Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025

AGE RANGE: Ages 3 and older

DESCRIPTION: The student is asked successively to draw a house, a tree, and a person. Once this is completed there is a set of 46 specific questions to be asked rgarding the drawings.

RESOURCE MATERIAL: Available from the Publisher:

(1) *The House-Tree-Person Technique: Revised Manual*. by John Buck.

(2) *A Catalog for the Qualitative Interpretation of the House-Tree-Person (H-T-P), Revised 1971*. by Isaac Jolles.

(3) *The House-Tree-Person (H-T-P) Clinical Research Manual*. by Emanuel Hammer.

(4) *House-Tree-Person Drawings: An Illustrated Diagnostic Handbook*. by Stanley Wenck.

TITLE: ROTTER INCOMPLETE SENTENCES BLANK

AUTHOR: Julian B. Rotter

COPYRIGHT: 1950

PUBLISHER: The Psychological Corporation
7555 Caldwell Avenue
Chicago, Illinois 60648

AGE RANGE: Ages 13 and over

ADMINISTRATION: Approximately 20-40 minutes

DESCRIPTION: The student is asked to complete 40 sentences, only the first word or words of which are supplied. It is assumed the subject reflects his/her own wishes, desires, fears, and attitudes in the sentences. In addition to usual clinical interpretation an objective scoring system is available for screening as an index of maladjustment. For the objective scoring system each of the 40 responses is evaluated on a 7-point rating scale (0 to 6).

STANDARDIZATION: The instrument was standardized on 299 entering freshman at Ohio State University. There were 85 females and 214 males in the sample.

MEASUREMENT CHARACTERISTICS: Reliability: Split-half reliability for the scoring system is .84. Inter-scorer reliability is reported as .91 for male records and .96 for female records.

Validity: Using the scoring system to classify students as "adjusted" or "maladjusted" correctly identifies 89% of the adjusted students and 52% of the maladjusted.

TITLE: THEMATIC APPERCEPTION TEST

AUTHOR: Henry A. Murray

COPYRIGHT: 1935-1943

PUBLISHER: The Psychological Corporation
7555 Caldwell Avenue
Chicago, IL 60648

AGE RANGE: Ages 10 and over

DESCRIPTION: The test consists of a series of 31 picture cards. In a typical administration 10 cards are selected by the examiner to be shown to the subject who is encouraged to tell a story about the picture. The stories may reveal significant information about the subject's personality since people tend to interpret an ambiguous human situation in conformity with their past experiences and present desires.

RESOURCE MATERIAL: (1) Murray, H. (1943). *Thematic Apperception Test*. Cambridge: Howard Press.

(2) Tomkins, S. (1947). *The Thematic Apperception Test*. New York: Grune & Stratton.